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Surgery.

PELVIC SURGERY,

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In writing upon pelvic surgery it is not my intention to treat the subject in a highly technical way. My object is to touch upon its salient points and draw out a discussion that will obtain from our ablest operators the most advanced and practical thoughts. The progress in all departments of abdominal surgery during the past decade has been so rapid that it seems hardly possible to keep pace with its teachings. The brilliancy of achievements is equalled only by the boldness of its advocates. What was authority yesterday is, as it were, obsolete to day. The methods of former years are now not only worthless but, we might say, pernicious. The old routine practice, the dilatory measures of the theorist, in the treatment of many serious conditions of the pelvic viscera, when viewed by the light of recent investigations, are absolutely murderous.

A knowledge of pelvic pathology is essential to a proper understanding and appreciation of the diseases of this region, and to this factor more than any other, in a physician's acquirement, depends his success in their management. The range of pathological possibilities is more extensive, the consequences of inflammatory products are more serious and the disintegrating influence of pus is more devastating here than in almost any other part of the body.

Infection of the pelvic structures is usually of uterine origin; the sepsis, passing along the Fallopian tube, ultimately reaches the pelvic cavity. An inflammation of the tissue here, in many respects, pursues the same course as elsewhere. The involved tissue becomes congested and effusions and cellular infiltration follow. In the tubes the irritated mucous membrane pours out a serous discharge, which becomes muco-purulent and quickly infects all adjacent structures. If the distal end of the tube remains patulous, the purulent matter is discharged into the pelvic cavity, infecting the ovary and peritoneum, with varied consequences, the seriousness of results depending largely upon the virulence of the poison. If the sepsis is mild in character the inflammation is slow and circumscribed in its extension, the effusion of serum into the areolar tissue is limited and the vitality of the circulation is not greatly impaired, reaction may follow and the exudations are carried away by absorption. On the other hand, if the infection is virulent there is a more violent inflammation and a rapid pouring out of morbid products; the deeper structures become involved, the tissue becomes over distended, the capillary circulation destroyed and suppuration results. If the accumulation of pus is not early evacuated the most serious consequences follow. When the inflammation invades the Fallopian tube the mucus membrane becomes swollen and plastic lymph often occludes the passage; in such cases the accumulation of serum dilates and enlarges its cavity, resulting in a hydro- or pyo-salpinx, according to the nature of the excreted fluids. The inflammatory exudations into the connective tissue of the tube renders it dense and thickens its walls, which often leaves the tube in a greatly hypertrophied condition and more or less infiltrated with pus corpuscles. At times the uterine extremity of the tube remains patulous; when this occurs the secretions may be discharged into the womb and recovery may result. Occasionally a more important feature of pelvic infection than disorganization of the tubes and ovaries, one that is often caused by delay in operating, is the bowel, bladder and omental complications. Adhesions and contractions resulting from the exudation of inflammatory products cause a distortion and dislocation of organs and tissues that may be productive of the most severe and uninterrupted suffering, the relief of which is at times of more importance than is a cure of the original trouble.

Since the laws of morbid anatomy apply alike to all regions so also should the broad principles of surgery govern here as elsewhere. Who would, in this day of surgical progress, aspirate an abscess of the liver, leave an empyaemic pleuritis to a spontaneous evacuation or a gangrenous limb to nature's amputation? Yet, if we are to believe what we read, there are those who would treat a pelvic abscess by the expectant method, a disorganized ovary by electricity or a pus tube by dilating and curetting the uterus. These conditions are to the pelvic surgeon what the former are to the general surgeon, and the evil consequences resulting to the general organism from their mismanagement are not less deleterious.

There is a consensus of opinion among those most competent to speak, experienced operators, that diseased and occluded tubes with retained secretions and degenerated cystic or suppurating ovaries, never return to a state of physiological health and that the consequent inflammatory changes, adhesions and contractions are not amenable to any form of therapeutical treatment. A verification of this fact is demonstrated in almost every specimen removed. There is a sentiment against the removal of the tubes and ovaries that is not based upon knowledge or sustained by rational reasoning. Limited knowledge of the subject and small opportunities are largely re-

sponsible for this. It must be remembered, when dealing with the subject, that the purpose of surgery is not always to establish physiological functions or restore perfect form and health. The object may be simply to stop disease, relieve pain or prolong life, though at the sacrifice of an organ or a limb. The fundamental principle is the same when applied to either a womb, ovary or tube. Whenever these organs develop a diseased condition that destroys their function and the morbid condition entails unmitigated suffering their extirpation is demanded and no sentiment of conservatism should interpose. Pelvic suppuration, ovarian and tubal abscess, chronically enlarged and occluded tubes, displaced and adherent ovaries and tubes that give rise to continuous suffering and impairment of health, as well as many diseased conditions of the uterus, are better and more safely treated with the surgeon's knife than by any therapeutical measures yet devised.

Next in importance to a definite understanding of pathology in the management of pelvic diseases is diagnosis. A vast amount of technical knowledge, tactile sense, careful discrimination and experience is necessary to form a proper decision as to the condition and requirement of a case. Where a correct knowledge of morbid processes and accuracy of diagnosis obtains in pelvic surgery there can be but little adverse criticism upon the results. It is the abuse of surgery, the performance of operations upon insufficient data, the misconception of the true pathological condition and its demands, that has brought pelvic surgery into disrepute with the general practitioner. Delay has, also, done much to discredit this branch of surgery, and many valuable lives have been sacrificed through the irrational belief that a laparotomy is extremely hazardous, and should be performed only as a last resort, after every therapeutical make-shift has been employed. Operations that could be easily and safely done early, that would restore the patient to perfect health, are postponed until the entire pelvic, and possibly the abdominal viscera, are involved; pus has burrowed in every direction, plastic exudations implicated and moulded together in an unrecognizable mass uterus, ovaries, tubes, bowels and bladder, occluding intestines and distorting parts until not a natural feature remains. Though life should be saved by an operation, the pains and aches incident to adhesions render the patient's existence intolerable. These and the cases operated upon for pain, hysteria, epilepsy, insanity, etc., cases without demonstrable lesion, go largely to make up the list that are arrayed in double-headed columns, a protest against pelvic surgery.

Opening the abdomen is not necessarily a serious procedure. Danger lies not in the traumatism; sepsis through contaminated hands, instruments or infected tissue endangers life. Skill in operative technique and a conscientious observance of the laws of antiseptics are life saving features.

Perfect and complete work should obtain in every case. An operation once begun, no matter how unpromising the case may seem, should be finished in every detail; nothing should be left undone with the belief that the patient must die; that very thought may engender neglect that will cause death. The most desperate cases, where the operation is carried to completion with exactitude, often recover. Adhesions must be carefully and intelligently broken up, purulent pockets and sinuses thoroughly eradicated, suppurative tubes excised close up to the uterine cornua, cystic and disorganized ovaries removed complete; all injuries done to the remaining viscera repaired; when necessary the abdomen should be flushed and drainage applied; and last, but not least, the abdomen accurately closed.

One of the most important elements in successful pelvic surgery is drainage. While it is not advisable to drain in every instance, when extensive adhesions have been broken up or a possible leakage from an abscess or a pus tube has happened during its removal drainage is a necessity. He who drains in such cases will certainly be rewarded by the greatest percentage of recoveries.

The kind of drainage to be preferred depends much upon the condition. When adhesions have been extensive, leaving a large surface of denuded peritoneum which will cause much exudation of serum, if non-infection can be assured the glass drainage tube will answer. It should be scrupulously attended and left remaining until all fluid has ceased to flow, from one to three or four days. When pus has been encountered or any of the viscera have been injured, Iodoform gauze should have the preference. It keeps dry every recess, walls off the infected regions, prevents the circulation or migration of fluids, and by its sterilizing properties renders inert the micro-organisms. It should be used in abundance, placed deep in the cavity, allowed to protrude through the abdominal wound in one roll and left undisturbed in its position until all drainage ceases. When the gauze is used the dressing should be bountiful, sterilized, very absorbent and frequently changed.

The closing of the abdominal wound demands as much deliberation as any other part of the operation. Two rows of sutures are essential, one deep, buried, and one superficial. The cut surfaces of the peritoneum and muscular tissue should be accurately coaptated with a medium sized continuous cat-gut suture, and the superjacent structure carefully brought together with silk, snugly but not tightly drawn, and perfect and easy adjustment of the skin assured by the introduction of an occasional superficial stitch. In introducing the approximating silk sutures a curved needle should be entered near the cut edge, passed outward, downward, then inward with a sweeping curve, emerging below in the muscular layer but not piercing the peritoneum, then re-entered on the opposite side and passed with the same curve upward and brought out in the skin at the same distance from the cut edges. This procedure insures the coaptation of every part of the abdominal walls, besides, as there is no drawing on the skin, largely obviating the cutting pain and soreness incident to ligature tension. Hernia will never result when an abdomen is closed in this way.

There are other points upon which I would like to dwell, viz., anesthesia, the length of the abdominal incision, the Trendelenberg position, after treatment, diet, etc., but I feel that I have now occupied too much of your valuable time.

OPERATIONS FOR VESICAL CALCULI.

By De WITT G. WILCOX, M. D., Buffalo, N. Y.

A condition which by common consent is the cause of the most painful suffering to which humanity is liable is worthy of a most careful consideration.

Stone in the bladder is not one of the latter day ailments, consequently it is not a fad, either of the doctor or the patient, but is possessed of an antiquity which clothes it with all the dignity to which age can contribute. It is now quite well proven that an

authentic record of stone exists in a medical treatise called "Sucruta," a Hindoo work which antedates that of Hippocrates. There is little question also but that the Chinese were acquainted with stone in the bladder and performed operations for it long before the Christian era. Hippocrates and Celsus wrote extensively regarding it and described sounds and catheters used in detecting its presence. The chemical side of the question did not receive any minute consideration until after the discovery of uric acid in 1776, since which time the formation and constituents of vesical calculi have been closely studied.

However, even in this enlightened 19th century men and women and children still suffer from this painful affliction and the operation (when such is required) is far from trifling.

I am of the opinion that no single operation will ever be discovered which will be the ideal measure in all cases, for the reason that the patient so suffering is found in such varying degrees of health and such disparity of years.

The patient is found in all of Shakespeare's seven ages, from the "infant muling in the nurse's arms and the whining school boy with his satchel and shining morning face" to the "justice in fair round belly with eyes severe and beard of formal cut," down to the "sixth age with lean and slippered pantaloons with spectacles on nose," to the last scene of all, second childishness, sans eyes, sans teeth, sans taste, sans everything.

There are but three operations worthy of consideration, litholopaxy, supra-pubic, and perineal lithotomy.

First might be considered the conditions present in the " muling infant and whining school boy," and the procedure best adapted to meet the requirements. Here we have given a small urethra, sensitive bladder practically no prostate and but a small urethral bulb. Hence all conditions are favorable to a cutting operation, and that especially the perineal by the median incision.

The difficulty of introducing a lithotrite of sufficient size to be available for the crushing of moderatly hard stone is immediately presented and by the forcible introduction of a large instrument through the easily ruptured urethral walls a greater source of danger presents itself than could arise by other methods. Again, the evacuator can not be used with any assurance that all fragments are removed.

Let us now take the " justice in fair round belly with eyes severe and beard of formal cut."

If he has lived the life that the exemplary justice should and which he now in his sober age of life admonishes others to lead we will find his urethra free of structures, his prostate gland of normal size and the bladder fairly tolerant of manipulation.

Here if the calculi be not too hard we have presented the best case for litholopaxy or stone crushing. The dangers of the operation in his case are so minimized that they scarce need consideration. Complete anesthesia, washing the bladder, introducing a strong lithotrite, enticing the stone within its jaws, crushing it and recrushing the fragments, evacuating the debris till all is clear, is only a summer's dream to the surgeon and a sound sleep to the patient. He awakens cured of his malady and in a few days is on his justice bench.

But how different is the picture if he has lived the life of have-a-good-time-while-you-are-young-boys. An old stricture, or more like a half dozen, so that your olivary sound bounces over them like a boy's marble on a washboard. An hypertrophied prostate, which favoring residual urine has caused, and perpetuated cystitis and pouched bladder, or has developed some kidney lesion, making the conditions for the use of the lithotrite exceedingly unfavorable. A greatly hypertropied prostate and pouched bladder (which are generally twins) act first as a barrier to the introduction of the lithotrite and second to its ready manipulation were it once entered. In this combination the high or supra-pubic operation is strongly called for.

Passing to the stage " with lean and slippered pantaloons." The choice is between the crushing and the high operation. It is frequently a surprise to me how well old people stand cutting operations. If I have a patient seventy years of age who is in ordinarily good health otherwise but troubled with vesical calculus I do not greatly hesitate to advise him to undergo the supra-pubic operation. One of the most satisfactory results I obtained was in an old gentleman 74 years of age, who some 18 months previously had undergone a stone crushing operation. He was now troubled about as before and sought relief. I opened the bladder above the symphisis and removed two phosphatic calculi. The bladder was closed without drainage and in two weeks he sat up in a chair, and in four weeks the wound was healed so that not a drop of urine escaped by it.

A condition which peculiarly calls for perineal section is the one wherein a deep urethral structure exists, acting as a bar to the passing of the lithotrite, and which cannot be dilated through the urethra. In such cases the operation answers a two-fold purpose; it lays open the deep structure through the perineum and makes a passage for the extraction of the stone as well. I have one such case to relate. The structure in the deep urethra was so small that I could pass nothing but a filiform bougie, nor could I pass over this a steel guide, consequently I was obliged to make my opening into the urethra from the perineum without a guide. Only those who have performed this little maneuver know of the difficulties, for as Keys says, " in this undertaking the surgeon must be prepared for possible failure." However, I reached the bladder safely, made the extraction and my patient made an excellent recovery without a remaining fistula.

The deduction I would draw based upon my own experience would be, the cutting operations for children, litholopaxy for middle age, provided other conditions were favorable, and for old age a careful selection between crushing and supra-pubic lithotomy. I am well aware that in this opinion I do not fully coincide with men of greater experience, or the teachings of some text-books, but as my paper is not a book quotation but the relation of everyday experience it must stand for what it is worth. I do materially take issue with certain writers of note who claim that the crushing operation is nearly devoid of danger and applicable to the majority of cases.

The only death I have had in vesical operations was one from cystitis following the use of the lithotrite. Patient was a man 65 years old, had been a hard drinker in his early days, had an hypertrophied prostate, and had for years been obliged to urinate every hour or oftener day and night. From his great corpulency (weighing over two hundred pounds) I deemed the cutting operation too hazardous but from further experience I am induced to believe he would have stood that operation best.

I now believe that the supra-pubic operation for stone is the best " all round " operation. It is possible to so closely suture the walls of the bladder by the Lembert suture that there will practically be no

leakage, and once remove the possibility of infiltrating urine and you remove all dangers of the operation.

SURGICAL CASES.

By C. C. BERNARD, M. D., Chicago.
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LUMBAR FISTULA.

Mrs. S.—, age 35, German; came to receive treatment for a fistula which is located in the right lumbar region. This patient had made the round of several dispensaries, but so far had received no benefit from the treatment received. Two years ago she was operated upon by one of the leading surgeons of this city for floating kidney, and subsequently again by the same surgeon for the cure of the fistula resulting from the operation, but still the fistula failed to heal and she was permitted to leave without receiving any further treatment. Several other surgeons have tried to cure this very annoying condition, but after numerous efforts have also failed to relieve the patient. I caution care in the prognosis of cases of this kind that may come to one out of the hands of good surgeons; do not feel too certain of your ability to make cures where others have failed; make a careful study of the case and try to determine the cause and seat of the trouble, and if you succeed in doing this the case is more than half cured; lay out a plan for treatment and carry this out faithfully before you branch off on another track.

The patient was exposed to view, and having washed out the sore I took a probe and inserted it into the opening, using no force in doing so. I found that the probe entered freely and took a forward and downward direction to a depth of two and a half inches; there was not much pain and the parts over which the probe passed were firm and hard. This you will always find to be the case in old fistula, as it is an effort on the part of nature to isolate the condition from other parts of the system and prevent septic absorption. I then withdrew the probe and tried to pass it in a different direction, especially toward the lower ribs and spine, as well as the crest of the ilium. This was done to ascertain whether there might not possibly be another track leading to the fountain of this continued discharge. After repeated efforts I failed to find any other track or to come in contact with any diseased bone. This latter I did not expect to find from the fact that the discharge of the fistula was not offensive, which must be the case if there is any death-material present; this also excluded the possibilities of any suppuration in the kidney itself, as in this case there would also have been more or less cystitis and pus would be very abundant in the urine. Such was not the condition and I was now confronted with the question: What is the cause of this fistula? Two years ago this woman was operated upon for floating kidney. Upon examination, I found that the kidney occupied its normal position, and therefore we must pronounce the operation a success, but a fistula has been the result of this operation. The kidney being found, upon examination of the urine, to be in a healthy condition, what then can cause fistula? In fastening the kidney into its bed the operator must use some kind of ligature; if this was made of non-absorbable material, and it failed to become encysted the result would be sloughing, an effort of nature to rid itself of this foreign body; this was my theory of the cause of this condition, and as I had no hope in curing this fistula after other good surgeons failed, I asked the patient's consent to another operation with the object of removing this ligature.

After a little explanation the patient consented and wished the operation made.

The usual preliminary preparations were made and the patient was put fully under the influence of the anaesthetic. I then made the incision directly over the track of the fistula, dividing this in half and following this down to its full depth; careful search failed to find the sought-for suture. I then dissected out the track and again made a further search, this time something came into view which I grasped with a forceps, and behold was rewarded by finding a heavy braided silk ligature; this was carefully cut so as not to leave any portion of it in the wound; nothing more was found and after cleaning the parts I confidently closed up the wound, leaving a few catgut strands for drainage, and the usual dressing was made. A few subsequent dressings were made and the patient reported again at the end of two weeks with no sign of a fistula.

LUMBAR FISTULA.

Jh. F——, aged 19, Irish. About nine months ago the patient was struck in the right side of the back by a cable car as he was getting off the car while in motion. The pain was severe at the time but it gradually subsided and he paid little attention to it until some five months after, when the part began to pain and swell. A poultice was applied to the part and after some time the swelling broke and discharged pus, which continued to this operation. The appearance of this wound was very bad, there were abundant granulations at the mouth of the fistula, of an œdematous nature, projecting beyond the edge of the healthy tissue. The discharge was thin and dirty and the odor was foul and sickening in the extreme. I first cleaned the parts with a permanganate solution, as this destroys the offensive odor better than carbolic acid.

I passed a probe to one side of the granulations and let it take its own course. I found that the probe took a downward and forward direction to a depth of nearly four inches; withdrawing it and directing it in another direction it took an upward course to very near the margin of the lower rib. I made a careful search to ascertain whether this rib had been injured. I came in contact with a hardened surface having the feel of cartilage but obtained no rough sensation such as would be present in case of death of bone. I then directed the probe toward the spine but failed to find any passage, and therefore concluded that these parts were all right and that I would have to exclude Psoas abscess which is the result of necrosis or caries of the bodies or spine of the vertebra. I again passed the probe in another direction, this time guiding it toward the crest of the ilium; I met with no resistance, it passing well up to the brim and a little over it, but obtained no results indicating a diseased condition there.

I had now found three tracks leading in different directions but had obtained no definite knowledge upon which to base a positive diagnosis. The track leading to the lower rib suggested some trouble but there were no signs of caries or necrosis, such as a rough or grating sensation of the probe as it rubs over hardened parts. I was now uncertain as to the exact state of affairs, yet something must be done to relieve this young man, as his health was becoming rapidly undermined by this foul condition. The patient was willing to be operated upon as he was anxious to be cured. He was therefore prepared at once.

The object of the operation was to lay open the different tracks of the fistula and follow them to their source and so find the cause of this trouble.

It is sometimes well to inject a solution of plaster paris into the parts and after this has hardened dissect it out. This is done to facilitate the finding of the different tracks of the fistula, but as I did not expect to encounter any difficulty of this nature I did not use this method in this case.

The patient was placed under the influence of the anaesthetic. I then took a grooved director and passed it into one of the fistulous tracks and slit this open clear to its base, then into another and did likewise. The tracks were thus well laid open and the parts were easy to examine. I could not find any trouble with the rib, in fact didn't come in real contact with it. The brim of the ilium was also not involved in the disease and the other channel leading downward had been caused by the burrowing of pus. I found nothing but a mass of unhealthy tissue and therefore concluded that the condition was one of cold abscess caused by the injury received nine months ago; the pus having been pent up for a long time had begun to burrow in different directions to find an outlet and at last came to the surface, the parts by this time being in a diseased condition and having received no treatment in the way of washing out the wound subsequent to the opening of the abscess the wound never could heal and the condition was getting worse in place of improving. I curretted out the different tracts, removing all the diseased tissue, going well down into the deep sinus and finishing up the work by irrigating the cavity with peroxide of hydrogen and following this with pure water. I then placed a drain in the deep sinus and stitched up the incisions made. Irrigation of the wound was made every day and the drain gradually shortened and removed as soon as the discharge became scant and sweet.

Two weeks ago today the patient was operated upon. Today his complexion is very much improved, so is also his general health and the seat of the former trouble is now perfectly healed.

Materia Medica.

MATERIA MEDICA MELANGE.

BY W. A. DEWEY, M. D., 170 W. 54TH ST., NEW YORK.
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Kali hydr. is not often indicated as a cough remedy but there are cases that will not get well without it. For instance, in a tickling cough that has for a cause an ulcerative condition of the laryngeal or tracheal mucus membrane. A good indication is a feeling of soreness or rawness in the larynx, perhaps more on left side.

The cough of *Hyoscyamus* is worse lying especially if the head be low. It begins as soon as the head touches the pillow and is relieved by sitting. *Belladonna* and *Bryonia* must sit up to cough but in distinction to *Hyoscyamus* sitting up does not relieve the cough.

Blindness accompanying or as a precursor of headache is found under several drugs. *Gelsemium* has it quite marked. *Kali bich.* has the peculiar symptom of blindness preceding headache but as the headache grows worse the blindness disappears. *Causticum* has blindness with headache differing from *Kali bich.* in that the blindness does not diminish as headache increases. The blindness of *Silicia* comes on after the headache. There are others—*Natrum mur.*, *Iris versicolor* and *Psorinum* having blinding headaches. These six drugs will be most often indicated in blinding headaches.

Guaiacal as an external application has been found useful in sciatica and intercostal neuralgias. Look up *Guaiacum* carefully.

As an example of the scientific accuracy of the Allopathic school we find in a contemporary journal under the heading, "Local Applications of the Extract of Thyroid Gland in Ulcers," a report of favorable results obtained in several cases of syphilitic ulcers which were treated with an ointment made up of Extract of Thyroid gland from the sheep, *Lanoline* and *Calomel*. This may be a beautiful illustration of the action of Thyroid Gland Extract, but it seems about as scientific as alternation, for it may be that *Calomel* had something to do with the case.

Dog lymph injections in tuberculosis. Dr. Carrien of Montpellier reported at the recent International Medical Congress at Rome the beneficial action of injections of *Dog's lymph* in tuberculosis. Dogs, the doctor claims, are little susceptible to tuberculosis. What is the matter with *Pulmo vulpis* for shortness of breath.

Pure water in large quantities is now highly recommended in the treatment of typhoid fever. The patient should drink five or six quarts a day during the entire febrile period. It produces a progressive diminution of the fever, and the dryness of the tongue, and a marked quieting of all nervous, circulatory and renal phenomena, diminishing the albuminuria. It does not, however, seem to influence the duration of the disease. It acts by favoring elimination of poisonous matters by the skin and kidneys. It is a safe treatment, even when the heart is weak; indeed, it tends to strengthen the heart.

Practice of Medicine.

MEDICAL CENTURY CLINIC.

Anacardium—Involuntary proving—In your issue of January 1, 1894, I notice a report by Dr. E. S. Breyfogle of an accidental proving of *Anacardium orientale* which I can also verify. Last summer while in my office a student of mine spoke of being forgetful and I advised him to take *Anacardium*. I had nothing but the tincture in my case and he prepared the first decimal potency, but would not run it up any higher as he is a recent convert from Allopathy, having formerly run a drug store. After taking the 1x on pellets for ten days he became more forgetful; could not remember his name, had double vision, and also complained of being so awfully weak, hardly able to walk. On his hands, especially the index and middle finger of each hand, there appeared a papular eruption which terminated in vesicles filled with a milky solution, which was very sticky, so much so that he had to wear gloves. The eruption was characterized by an intense itching, burning and smarting, aggravated by scratching and at night. His fingers were very much swollen and in a perfect strut. The pain at times became unbearable and nothing seemed to relieve it. At night in order to sleep at all, he would take a dose of *Morphine*. Heat aggravated it also. Finally I gave him *Grindelia robusta*, which relieved the annoying symptom

and cured the eruption. Is *Grindelia* an antidote to *Anacardium*? H. C. Kasselman, M. D.
Midway, Ky.

Chronic Bronchitis—Kali Carb.—I wish to report a very interesting case which has done me a vast amount of credit professionally. A married lady, aged 35, came to my office one year ago last month to consult me as to an incessant cough which had been bothering her for fourteen years. She had consulted several of our old school physicians and all pronounced her case phthisis pulmonalis. I gave her a careful examination and diagnosed the case chronic bronchitis. She carried anywhere from four to six handkerchiefs (to expectorate on) at all times. I gave her treatments with the atomizer (Coulter's) of *Pine Needle Oil* 5m; *Eucalyptus* 5m wt., inhaled fifteen minutes daily; also, *Kali Carb.* 2x—2 gr. powder four times daily for the first month; then night and morning for the next month. The second week she reported much improved, and so continued until I discharged her at the end of second month. She gained twenty-four pounds and improved in all ways, expectoration and cough ceased, and remained so until the last January, when the patient contracted a severe cold. When cough bothered her some, I gave her *Kali Carb.* 3x, 2 gr. powder night and morning, and in one week she reported entirely well. She had no other medicines, and the case has been a big feather in my hat, patient being put down as incurable by all people here. I wish to state that the patient had been previously treated by no less than eight of our Allopathic brethren.
Oregon, Ill. H. C. Coburn, M. D.

Chicken Bone in the Rectum—On the morning of the 7th of May I received an urgent call by telephone to come to Trensh Hotel. On my arrival I found Mr. R——, 50 years old, complaining of a terrible pain in his rectum. He told me that when his bowels moved about an hour previous his rectum pained him very much and on cleansing himself found considerable blood on the paper and could scarcely walk to his room on account of pain and concluded he was suffering from hemorrhoids. Upon examination I found lodged crosswise and ends embedded in the mucous membrane of the rectum, immediately above the sphincter, a hard substance, which on removal proved to be a chicken bone, sharp on both ends, and one and one fourth inches in length. For the consequent irritation gave him *Arnica* internally and a wash of *Calendula*. He recovered without further trouble. Charles Metzger, M. D.
Lima, Ohio.

Urethritis—Query—Given, a case of specific urethritis in a male, in its stage of decline, will coitus with a female suffering from a specific vaginitis bring the case of urethritis back to its inflammatory stage? M.
Will some one who knows give answer.

In Re Vaccination. Much is being said in the journals upon the subject of vaccination, but with this as other medical topics, the Medical Century must settle it. Here it is in a nut shell.

Vaccina or cow pox is small pox attenuated by passage through the bovine race. Varioloid is small pox modified by a previous attack of itself or by vaccination. It occurs equally after each of those modifying causes. Jenner thought once vaccinated always protected with him. This was theory as he had not time for results.

Practice has proven that one vaccination does not give complete and everlasting protection, neither does an attack of smallpox itself, and as we before stated the one stands on an equality with the other in these relations. Re-vaccination so frequent that the only result is "vaccinella" or spurious cowpox, and scarcely that, will give entire immunity, and thus be superior to having suffered with genuine smallpox.

As handsome "taking" and "working," in short as genuine a case of cowpox as I have ever met, occurred in a case that six years previously had a genuine and virulent attack of smallpox.

Brevity being the soul of wit it is probably best only to attack subjects that we can knock out in one round. Wonder who'll knock me out in return?
Little Rock. E. S. Ayres, M. D.

Obstetrics—A Case.—Mrs. M.—, aged 23, heavy, compact, weight 140 pounds, height five feet six inches, fair complexion and auburn hair, was married a year last March, became pregnant last of August. Up to this time had been fairly healthy. After becoming pregnant the stomach became so irritable she could retain nothing to speak of, and so continued through gestation. I never saw the case until called to confine her in June, her family physician having refused to attend her. When I was called I found her vomiting, os well dilated, but no expulsive pains, in fact no pain except a slight pain in the back. She was very dropsical, and had been so for three or four weeks, but no headache or blurring of eyes. She was so dropsical there was no shape to her limbs and racks hung under her eyes. She had been passing little urine for two weeks. Here she was at full term with a well dilated os but no pain. What was I to do? I began to think of my Materia Medica. After trying such drugs as *Ipecac, Cimicifuga, Pulsatilla, Causticum, Camphor, Veratrum,* and others advised by Guernsey, I kept the woman on her feet part of the time, gave hot sitz baths, then gave rectal injection of *Hydrate of Chloral,* to see if I could not quiet the pain in her back, but could do nothing to bring on the uterine contraction. Examination showed child with head presentation and left occipito-anterior position. External examination showed twins. After working in this manner for twelve hours with no progress, I called counsel (Eclectic.) He advised *Ipecac* in one-quarter drop doses, ruptured sack of water and went home, saying I was doing all that could be done. Yet there was no contraction or increase of pain. This was in the evening, continued until midnight with no improvement, and again called counsel. It seemed as though we were stuck. Then we tried *Quinine* in 10 gr. doses (Allopath); this failed to stay on the stomach, began giving *Ergot,* with like result; afterward gave it hypodermically, but it did no good. I advised *Chloroform* but counsel would not listen to this, saying we could do nothing more, and he left me. I went to work and by external pressure, not being allowed to use forceps, relieved her of one child in the morning at 3 o'clock, and of the other in the same way at 8 A. M., both being dead and having been so for some time. On trying to take the placenta I found the uterus contracted in the center (hour glass contraction). I used the placental forceps but the placenta tore so I could not get it, when I introduced my hand and scraped it loose and brought it away. Then followed a severe hemorrhage (post partem), which was so severe as to cause loss of consciousness, pulse seemingly ceased, eyes rolled up and woman broke out in cold sweat. I controlled

the hemorrhage by use of hot water and irrigating the uterus. I gave hypodermic of *Glonoine,* elevated foot of bed, rubbed limbs toward body, also injected salt solution one dr. to pt. In a short time I could see some improvement, then gave a little sweetened whiskey and water. Improvement was slow, but the woman is now up and doing her work. This was May 25. If it is not asking too much, would like you to print this letter and call for criticism or advice.

H. C. Rule, M. D.

Leipsic, O.

Neurology.

CEREBRAL PALSIES OF CHILDREN.

By GEORGE H. MARTIN, M. D., San Francisco.

PROFESSOR OF MENTAL AND NERVOUS DISEASES, HAHNEMANN HOSPITAL COLLEGE.

The palsies of infancy and early childhood due to organic lesion of the brain are of such serious import that any means for the relief or cure of these conditions would be hailed with delight by all kinds and classes of practitioners; but, alas, the remedies are so few, and the results are so unsatisfactory, that the attempt to even palliate the condition is undertaken with very little hope of success.

It is because more can be done than we are apt to think is possible that I have ventured an article upon this subject. It is the family physician, or the so-called general practitioner, who first comes in contact with these cases, and upon whose skill the future happiness of the individual depends; and it is to such that the few hints here embodied are more especially given.

Brain palsies may occur as the result of hemorrhage into the brain or its meninges during birth or at any period of life. They may also be caused by embolism, thrombosis, anæmia or inflammation of the brain, porencephalitis or cavity in the brain produced by a localized inflammation. Anything which cuts off the supply of blood to any part of the brain is presumed to be quite an important cause of palsies. Simple lack of brain development or brain atrophy is often a cause of these conditions.

We find that females are more apt to suffer from cerebral palsies than males, and that the majority of cases occur within the first three years of life. Those cases which occur during birth are undoubtedly caused by trauma, while those occurring after birth are due to the conditions mentioned above.

Pneumonia, scarlet fever, measles, and general anæmia, from some exhausting disease, such as cholera infantum, may be enumerated as among the predisposing causes.

The symptoms of the disease usually manifest themselves suddenly. The following example will illustrate a typical case of this kind:

A child was put to bed in the evening and slept soundly for a few hours, when the mother was awakened by the little one having a convulsion. The convulsion lasted about fifteen minutes when the child passed into a quiet sleep which lasted the rest of the night. During the sleep the mother noticed that there was a decided febrile condition which lasted until morning and then passed away. The little one lay quiet all day, was not taken out of its crib, and no special attention was paid to it. The following day the mother noticed that the right arm and leg were paralyzed. The paralysis was complete in both members, but in a few days it began to gradually pass away, the upper extremity improving more rapidly than the lower.

After a month or two the hand and arm may have wholly recovered, but certain sets of muscles in the leg are still involved. There is rigidity and contractures of the lower leg producing club foot. The patella reflex is exaggerated and there is also ankle-clonus. If the child is old enough to talk we sometimes notice that a motor aphasia has supervened upon the convulsive attack. The mental condition is also somewhat impaired, and the little one does not seem as bright as before the attack. After a while the mind begins to perform its customary functions and the mental symptoms pass away gradually as did the muscular symptoms until in due time there may be no imprint left of the storm that has passed within the brain.

This is a simple outline of an uncomplicated case of cerebral palsy, and the degrees of severity from the minimum manifestations to the maximum results cover a wide range. There may be so much destruction of brain tissue that the parts involved can never again assume their functions, or there may be so slight a lesion that in a few days all traces of the condition have passed away. The intermediate grades, however, are the most common, and usually some imprint is left in some part of the body which continues during life.

Besides hemiplegia, we may have double hemiplegia or diplegia, or paraplegia. The mental symptoms may vary from slight feeble-mindedness to imbecility or complete idiocy, while aphasia is quite a common result of cerebral palsy.

Epilepsy is a result of the brain lesion, and a most unfortunate one, too, as it is so little amenable to treatment; thus making the patient's life most truly a burden to himself and those who have to care for him.

In the majority of cases of cerebral palsy of infants there is evidence of the fact expressed in the face of the patient. There is an imbecile look even in cases which are really not imbeciles. This fact is sometimes a most important one in differentiating between brain palsies and spinal palsies. Other differentiating points are the rigidity of the members affected in brain palsy, with exaggerated reflexes, contractures and paresis; while in spinal palsy there is the flail-like motion due to the extreme relaxation of the muscles of the limb affected, with loss of tendon reflex, and no mental symptoms or facial symptoms whatever.

The so-called wax-like rigidity is absolutely characteristic of brain palsy. It is a feeling upon attempting to bend the limb as if it were made of wax, which upon being heated gradually yields to the pressure exerted upon it. The contour of the limbs in palsies of cerebral origin is usually preserved; while in spinal palsies there is usually marked atrophy, showing that the multipolar cells within the anterior cornua of the gray matter, from which the nerves derive their nourishment, are affected.

The following case of cerebral palsy came under my observation at my Clinic for Mental and Nervous Diseases at the Hahnemann Hospital College Dispensary, in September, 1890, and illustrates the most important phases of this condition with which we have to deal.

Mary W——, eight years of age, presented the following history: When fourteen months old was a strong, healthy infant, never having been ill a day in her life; was fat, plump and good natured; had always eaten well and had no stomach trouble at any

time. During the heat of the summer in a large eastern city was suddenly seized with a severe attack of cholera infantum; in a few days she was reduced to a mere breathing skeleton, lying in a semi-comatose condition, observing nothing that was going on about her. While in this condition it was noticed that she did not move her arms or lower limbs, or even her head. Nothing was thought of this at first by the mother as it was attributed to simple exhaustion. For weeks the child's life hung in the balance, but finally it began to slowly, very slowly, improve. First she began to look about and notice what was going on around her. The bowel trouble had been completely cured; appetite was improving; flesh was being put upon the frail form, but at the end of three months she was still unable to move hand or foot; neither could she sit up in her chair as she had done before the attack, and for two years this condition continued until it was noticed that there was decided contractures of the lower extremities producing equino-varus, to a very marked degree, of both feet. At about this time she began to sit up a little each day, and from that time improvement took place more rapidly throughout the body with the exception of the feet. She did not, however, at this time attempt to talk, and in fact did not seem as bright mentally as she was before the attack. She could now kick her legs about and use her arms and hands to a limited degree. She did not attempt to stand on account of the deformity of the feet.

When I saw her at eight years of age I found a girl fairly well developed physically, with an imbecile look in her face; with an equino-varus of both feet which prevented her from standing or walking properly; she had large heavy braces on the feet and legs, which she did manage to use in getting around. I found the lower extremities very much atrophied from disuse. The reflexes were exaggerated and there was a ready response to both the faradaic and galvanic currents when applied to the nerves or muscles of the limbs.

She could use her hands and arms all right but was not able to use a single word in speech. She was extremely restless and nervous, and as her parents were very poor, was really in a pitiable condition.

My first plan of treatment, after a careful examination of the case, was to attempt to remedy the deformity of the feet by the use of electricity. I thought that if she could be made to walk many of her symptoms would pass away. I had no hope of removing the brain trouble, but I thought that Homeopathic remedies would relieve her to a great degree.

At the first treatment I used the faradaic current; the negative pole placed over the external popliteal nerve, in the popliteal space, and obtained very good contractions of the flexor muscles of the foot which brought the member back into its proper position. I also gave *Kali phosphoricum* to relieve the many nervous symptoms.

This treatment I kept up constantly for about a year and a half, occasionally varying the internal remedy as the symptoms changed, but always using the faradaic current. At the end of that time the deformity of the feet was so much relieved that she could walk about very comfortably when made to do so by her mother. The mental condition had also improved in a measure, the imbecile look having passed away to quite a degree, and she would use the word "Ba-ba" almost constantly. I then stopped the use of the electricity, giving directions to the mother to massage the limbs night and morning, and in that way keep up the improvement which had commenced.

The limbs increased about two inches in size during this year and a half of treatment, showing that the muscular action stimulated by the electricity was causing development of true muscular tissue.

The child occasionally reported to me after this, and seemed to be improving considerably. The mother, unfortunately was no disciplinarian, and as the girl grew, she became somewhat unmanageable, so that the mother could not control her as she should. She was allowed to sit for hours at a time with her feet curled up under her, thus tending to promote the recurrence of the deformity which I had been so long in overcoming. Her mental condition, while improving to such a degree that she seemed to understand what was said to her, was such she could not yet talk.

To-day, at twelve years of age, she is a well developed girl, and when in repose has not the slightest trace of imbecility about her, but even now she cannot utter a word of speech. The right foot is still somewhat deformed owing to the carelessness of her mother, but she can walk around very nicely. She much prefers, however, to sit in the position which I have mentioned. She sleeps well, eats well, is able to dress herself, but cannot do nearly so much as she would if her mother insisted upon her doing so.

The special point I wish to bring out by the recital of this case is the great help which such remedies as *Kali phosphoricum, Calcarea phosphoricum, Strychnia* and *Belladonna* will render us in the treatment of mental conditions, coupled with proper teaching and discipline.

Whether this child will ever be able to talk or not I do not know, but if she had the proper training I believe that she could be taught to write and read, and do everything necessary for her own well being. The improvement in all of the symptoms was so marked as the result of treatment that if she had the care which she ought to have had the results would have been marvelous.

As to the lesion within the brain in this case a diagnosis can only be problematical. I believe, however, that there is a porencephaly produced by extreme anæmia of the brain as the result of the cholera infantum. I believe that the aphasia is due to an interruption of the nerve fibres passing from the Island of Reil to the nuclei within the medulla, which control the muscles necessary to the act of speaking.

I have just learned that this patient is to be sent to the State Home for Feeble-Minded Children where she will get just the training which she needs, and which she should have had several years ago.

From such treatment I expect good results, and she may yet be a useful member of society.

In cases of this kind one point should always be borne in mind, and that is, no matter how desperate the case may seem, no matter how little hope you may have for even a partial recovery of the mental faculties, do not give up that little hope, but with your indicated remedies, treat it as you would any other diseased condition, and you will many times be surprised at the marvelous results which will reward you for your labors.

In all of these cases, *education*, both of mind and body, will be your main remedy, after you have relieved the active symptoms by your Homeopathic remedies, and the deformities by the surgeon's knife, or electricity.

Sanitary Science.

THE PREVENTION OF SYPHILIS.

BY HAROLD WILSON, M. D., DETROIT, MICH.

MICHIGAN HOMEOPATHIC MEDICAL ASSOCIATION.

The labors of Sanitary Science are concerned with the prevention of disease. We have created boards of health and sanitary officers, and have passed laws to regulate the spread of certain diseases; we have appointed inspectors for our houses, and schools, and factories, our food and our drink, and all to a most excellent purpose. But while we are so vigorously hunting the infection of diphtheria and scarlet fever and smallpox and tuberculosis, and are seeking to regulate their transmission by law we are closing our eyes to a disease whose Protean features are within our daily sight, and whose curse withers not only its immediate victims, but also those of the second and third generation; a disease, the dangers from which we all recognize, perhaps, and yet whose dreadful possibilities we seem to ignore and at whose concealment we seem even to connive. I mean syphilis.

I do not mean to picture the evils of which this disease is capable, you all know them too well; but let me ask you, members of the medical profession, how much you have ever done to diminish these evils? I do not mean how much you may have done to relieve the symptoms of chancre or mucous patches or syphilitic iritis, in some individual unfortunate, but how much have you done to prevent these conditions from becoming possible in the community? Did you never treat a young man for Hunterian chancre and after a few months dismiss him "cured," and then see him a year or more afterward contract a marriage alliance with some pure, innocent woman, to make her the mother of dead children or imbeciles? Did you never see this, and see it without uttering a word or making a sign to prevent the unholy alliance, to prevent that young woman from entering purgatory? Did you never treat a married man for primary syphilis and say never a word to his ignorant and innocent wife? Not even a hint of the truth, perhaps, when she came to you some time later with marked primary or secondary symptoms of a disease, the very nature of which was a mystery to her, and yet which was the seal of ruin to her health and to her motherhood? Did you never dismiss a patient from your office with mucous patches in his mouth, free to infect whoever crossed his path, innocently or otherwise? Did you ever take active measures to prevent a syphilitic patient from spreading the disease to other persons, beyond merely telling him not to? Are these things that reputable members of the medical profession never do? Do I put them too strongly? Are these questions slanderous in their suggestions? I do not think so. I have seen these very things more than once, in my professional experience, and I do not believe that I stand alone.

You will say, perhaps, that you could not do otherwise than you did, that there was no law to prevent any young man from marrying, whether syphilitic or not; that your patients came to you in confidence, and that you had no right to disclose their secrets and to interfere in their family relations, or to break up the family circle with your disclosures; that there was no law to restrain any syphilitic from infecting as many persons as he chose, knowingly or unknowingly; that syphilis may be cured, and that the children of syphilitic parents may be healthy. Yes, these are all true and untrue. It is true that we have a low standard of morals in respect to this thing called syphilis. You would hardly sanction your daughter's marriage to a man whom you had treated for syphilis. You would hardly hand her over voluntarily to the tortures of the inferno.

It is related that one Russian woman infected over three hundred men with syphilis in less than a year. The number of innocent victims of any syphilitic may be very large, as we can see by considering the multitude of ways in which the infection may be carried. I heard recently of a beautiful girl in one of our large neighboring cities who was engaged to be married to a young man of good family. During the engagement he contracted syphilis, venereally, and from mucous patches upon his lips this young woman in kissing him, became infected.

Before the nature of the disease was recognized in her case, her father, mother and two younger sisters contracted the disease from her, and became the innocent victims of this young man's transgressions. Do you consider that the medical profession was in any way responsible for this calamity? Of course the physician in attendance upon the young man knew the nature of his malady. Suppose that he also knew of his engagement to this young woman, and of his visits to her. Could you bring yourselves to believe that he was in any way responsible for her infection and that of her family? Rather could you possibly believe that he was not responsible?

I do not expect that we shall be able to regulate the universe. We may even fail to manage the affairs of our own neighborhood; but, as guardians of the public health, are we to sit idly and inactively in our easy chairs and let the community be honeycombed with a rottenness which we could prevent? Even in the matter of syphilis the medical profession cannot work the whole reformation. The public must be made alive to the fact that this disease is more dangerous to the public welfare than smallpox, yellow fever, or cholera, before proper laws can be enacted. But whatever share the public may have to assume, it in nowise lessens the responsibilities of the medical profession. We talk of "medical ethics," and stand upon the ceremony of consultation with Dr. X., who advertises to cure cancer or piles with as much ado as if really ethical questions were involved in consulting with him, and at the next moment we violate the laws of our moral nature by a readiness to close our eyes upon the possibilities of the syphilitic infection of trusting wives or sweethearts by some patient whom we do not wish to offend or with whose affairs we fear to meddle. Here is the place for a study of real ethics. If I am not mistaken in the point of view which I assume, we have some new chapters to add to our "code." I may appear to speak strongly, but I do not believe that I have placed any undue emphasis upon our duties as physicians, as keepers of the public health, as men and women.

That something ought to be done, and done by the medical profession as the prime movers, to prevent the spread of this contagion, seems to me so evident that really no argument is needed to prove it. As to what steps shall be taken, there may perhaps be reasonable differences of opinion, but Dr. Bulkley has made a suggestion which seems to strike at the root of the matter. His plan is this: To make the willful communication of syphilis to another person a criminal misdemeanor, punishable by as severe penalties as can be secured for an offense

of such gravity. I am sure that public sentiment would not need very much educating to make the enactment of such a law possible. Even now we have similar laws applying to other contagious diseases, as diphtheria and smallpox. The practical working out of such a law might be imperfect at first, and experience might suggest necessary extensions or restrictions in its operation, but if the knowledge of the gravity of the offence became public, men and women having syphilis would hesitate to infect others as they do now, and the punishment for so doing would soon reduce the number of syphilitics in the community.

I should go farther than this. Upon ethical grounds of the highest order, as I have already indicated, the profession has a solemn duty to perform in addition to the labors necessary to secure proper legislation. Personal morality comes before that of society, and in order to be worthy of the profession which we represent as physicians we must rise to a fuller appreciation of our responsibilities in the treatment of syphilitic patients. I conceive it to be our duty not only as physicians, but as human beings, to diminish, so far as we are able, the physical infirmities of our fellow creatures. It is a crime against morality, whether it is against the law or not, for us willingly to permit the sacrifice and slaughter of innocent wives or husbands or children, born or unborn, which we see going on about us every day. If we have courage enough we can save many a helpless victim that would otherwise succumb. We may offend our patients, but the consolation of doing our duty will help us to bear the loss if they leave us. I believe that syphilis ought to be a bar to marriage, and if it originate during the marriage state, it certainly ought to be an absolute warrant for the immediate and absolute cessation of marriage relations for all time. If this were the general opinion, even of the medical profession, we should have better offspring and a nobler human race.

[Note.—The Homeopathic Medical Society of Michigan at its recent session at Battle Creek passed a resolution declaring in favor of proper legislation to make the wilful communication of syphilis a criminal misdemeanor.—Ed. Medical Century.]

Pedology.

GRANDMOTHERLY INTERFERENCE.

By FRANK KRAFT, M. D., Cleveland, O.
Ohio Homeopathic Medical Society.

I believe I am safe in saying that there is no reader of this journal who has not at some time suffered from grandmotherly interference. And I do not now refer to that past, and, in some instances, very remote past, when the grandmotherly interference took the form of a lecture or a slipper, followed by a kind of music which possibly would not have been mentioned in the originally proposed paper of my distinguished friend and fellow-townsman, Dr. Beckwith.

There are grandmothers and grandmothers; grandmothers good and grandmothers bad; grandmothers jolly and grandmothers sad; grandmothers old and grandmothers young; grandmothers male and grandmothers female; indeed, of the whole class which might be enumerated, I am sure you will all agree with me,—those of you who read contemporaneous history and are, as well, familiar with the papyrus of the past,—that your male grandmother is the most trifling and reprehensible.

That class of male grannies, for instance, who, by solicitation with bell and band and banner have pulled themselves into public place, are forever meddling with the established order of things; fussing and fuming and fretting; the nasty mountain and ridiculous mouse kind; changing a mickle here, a muckle there, yet doing nothing of service to man, woman or child; just puttering away, day in and day out, lifting themselves into a little transient notoriety by their own bootstraps.

That class of male grandmothers who, not satisfied with the example of illustrious predecessors, will not let well enough alone; but having lain idle for the whole time of their office, at the close thereof are suddenly seized with a spasm of activity, thereupon issue forth from their "castle of indolence" and do a few overt acts—anything, anything, please, so that a little passing notoriety may be occasioned.

But the gods who tempt and afflict mankind are not needlessly cruel, and soon, by the grace of time, this dogberry lapses into his former existence of utter meaningless nothingness from which an indulgent suffrage temporarily but mistakenly called him, when he again becomes a clod and mingles with his mother element.

Public life, as we all know, is filled with these male grandmothers. We have but to look to Washington, to the senate with its tariff tinkers and question straddlers and sugar trust operators; to the house with its silver haired and silver tongued orators; to the Coxey army with its band of commonwealers, led by a grandmotherly party who conceived and was brought to bed with a child which now no one will father.

Our own state has many grand mothers in office, some high up and some not so high; some of them in Columbus—not in the penitentiary—attempting to revive and pass a twice dead medical bill, for the protection of the people—a people who have not turned their hand over for such protection, who don't care for it and don't want it.

The male grandmothers are to be found in the pulpits, in the forum, and, last but not least, in the medical circles. And in the colleges how many of the portfolios are held by very ancient male grandmothers—ancient not as to years of life, but as to the contents of their portfolios, cribbed, copied and stolen from text-books and other doctors' manuscripts.

Then we have that narrow minded tribe of medical men who have become dazzled by the constant contemplation of but one side of the medical shield, and forever after refuse to investigate any other medical truth. Thus with the potency question. Some of the lower number practitioners disregard everything except what their grandmothers, i. e., the wise preceptor of twenty-five years ago, learned from his male grandmother; and no subsequent demonstration will teach these several grandmothers to throw the stone out of the sack of grist and go to mill with the grist itself, equally divided upon the donkey's back. So with the ultra-purists, that highly diluted and deluded and extremely attenuated sect, who, without stint declare all but themselves as unworthy to bear the name of Homeopath. It is the grandmotherly instinct in human nature which makes two male grandmothers build a devil's lane or go to law about a line fence and spend hundreds of dollars to decide what a few spasms of common sense would have determined without the loss of a penny.

But it was not the male grandmothers that I intend-

ed to exploit in this paper. It was the other kind,—the female grandmothers; and these only in so far as they inflict injury upon the babies and their innocent mothers.

Last year I was called to an obstetrical case a little way out of the city. The labor was tedious but normal up to a certain point. Preceding the confinment I endeavored, on a number of occasions, to coax the expectant parturiente—a primipara—to take certain medicines, and to follow certain hygienic directions which Homeopathic physicians commonly prescribe, but the husband's mother sternly forbade every such attempt. "No, indeed, Maggie, these new-fangled doctors, these young doctors, shan't give you any drug-store stuffs to make the baby come quick and then tear you all to pieees. I didn't do it, and my mother didn't do it, and so long as I live, no daughter or child of mine shall be done that way." Eventually, however, other friends prevailed upon the young woman to get a little something—*Pulsatilla* or *Cimicifuga*, perhaps, I do not recall it now—from me, which she took surreptitiously for four days. Then the grandmother that expected to be, discovered the bottle. But for the fact that I was the choice of her favorite son—the husband of this young woman—I should then and there have received my *congé*. The baby came, finally, very tediously and very painfully. Grandmother stood by and directed one end of the woman, while I endeavored to attend to the other. Grandmother quoted scriptural texts to the suffering woman, while I made traction with fingers and hand. Grandmother forbade the use of chloroform, nay even a sip of cold water, and interdicted any move towards the forceps; in short, the doctor held his authority at the sweet will of this grandmother. The milk did not appear exactly at the instant moment as it had done for many generations back in the grandmother's history, then I discovered that it was the medicine I had given her for those four days that was the cause of this milk trouble. If it hadn't been for that medicine she knew the milk would have come in all right; she had had nine children, and her mother had made an equally generous use of her marital opportunities. The milk came, nevertheless, a little tardily, but with fair freedom. On the fifth day the baby had the colic so that the father was deprived of his night's rest; then there was blood on the moon; and he, too, began to harp on the effect of that medicine I had given his wife before the baby came. When the grandmother heard of it she sent over a handful of anise seed, with directions for Maggie to steep it and drink the tea all day long at intervals; that would take the colic out of her milk. But Maggie didn't do it; indeed she couldn't do it, had she been so minded, for the package of anise seed somehow got mislaid. The baby got over its colic under *Chamomilla*, so that further suspicion was diverted from me. After that the breasts began to get troublesome. Then I was called in again. The nipples were cracked. I found that the grandmother had been applying crude powdered borax, carbolic acid salve, tea leaves, burnt brandy, tannic acid, laundry soap, and a few other simple things which I do not now recall. When I suggested the hot bottle I was opposed because it took so much time to go down stairs and light the gasoline stove and heat the water; suggested the breast-pump—that wouldn't do because Mrs. Schindelbein had used one and it gave her caked breasts; suggested a rubber shield—but baby wouldn't suck through that; suggested a glass shield with a tube nipple—that was too hard to keep clean; suggested that the husband rise to the emergency and empty the breasts for a few days—but that wasn't decent; a puppy dog was nasty; to use a long clay pipe but grandmother had some other good and sufficient reason for its non-use. The grandmother was giving these answers. I applied non-alcoholic *Hydrastis*, and the baby spat up some yellow fluid on two or three occasions because the nipples had not been cleansed as directed, so that the grandmother assured me the child was having gall-stone colic, because it was vomiting gall; being assured to the contrary she wouldn't let the applications go on, because it mussed the baby's clothes so, and they couldn't spend all their money for washing. Tried *Calendula* tincture next; but that kept the nipples tender and red and was caking the breasts way in under the armpits. I applied cocaine for a few days, but grandmother thought I would poison the baby. So another doctor was called in. Still, this other unfortunate had no better success with the grandmother than I had had. So I was called back to suggest something to take the place of the breasts, as it was now decided to wean the baby—the nipples not having healed. Mellin's Food being a prime favorite of mine from long and successful use, I took over a sample bottle, but that was too much bother to keep the milk fresh and warm and in just such and such proportions. The grandmother had never used that, neither had her mother or grandmother. Malted Milk was next tried, but as ineffectually. One cow's milk came on for trial, but it didn't work more than half a dozen days, because the one cow's milkman who was, and continues to be a colored man, was found to eke out the measure with ordinary lake water one day. Then I was asked about condensed milk, merely as a formality, so that if the baby didn't thrive on the condensed milk I might be in line for the blame. I did not advise that. Therefore, the grandmother got a bottle with the usual result. Lime water added to ordinary cow's milk was introduced, and for aught I know—for I haven't been in that village for some months now—still holds the fort. But the constant dread haunts me that pretty soon the teeth will give me trouble—the baby's teeth, not the grandmother's, for they are removable—then will come the long line of children's diseases, and so forth and so on, for that grandmother lives only to make my life miserable.

I have one more case to report. I confined a lady with her first baby. Here both grandmothers were present and both took the pains to assure me—doubtlessly guessing my extreme youthfulness from my innocent appearance—that they had had enough babies between them to know all about them and they didn't want any store nurse with cap and apron sitting in the parlor. Labor fortunately was not very long—I had had an opportunity to give her a little medicine during the term and directed her course of living—the child appeared in about three hours and a half. In this meantime the two grandmothers were busy as the devil in a high wind. If they were not regaling each other in the sick room with ghastly stories of how Mrs. Mullaney's baby came wrong end to and had to be taken with instruments, and how Mrs. Himmelway died in her childbirth, and how Mrs. Carrolburner's baby was born with a strawberry mark on the end of its nose, etc., etc., they were getting in my way or falling over each other. The baby came at last but the placenta was obstreperous and hung fire for an hour and a half, during which time, of course, I dared not leave my patient or cease making pressure and traction. While I was in this uncomfortable predicament,

both hands holding on and I didn't dare let go, one of the grandmother's smuggled the newly-born out of the room. I missed the bundle on the chairs and queried what had become of it? "Oh, the baby's all right; her mother (the parturiente's) is washing it." I sent word to ask that the child be not washed until I came, because I had a new way of washing without soap and water so that the baby would not have sore eyes or colic or colds. I don't know what else I said; but to bring the child back and put it on the chairs again on its right side. Grandmother disappeared but the baby did not appear. As soon as I could let go of my under hold I rushed out of the room, directed by the smothered cries of the child, and found the two grandmothers in the cold bathroom with the baby dressed in stiff and starchy well-frilled garments, and ready to put into the receiving blanket. I was nearly out of patience, but the sweetness and kindness with which this pair of grandmothers informed me that they had had more babies than I disarmed my wrath. Well, what about the navel dressing? That was all attended to; it had been well greased with mutton tallow and drawn through a piece of cotton into a burned-out hole and tied down so that it couldn't bleed any more; "that's the way her mother and my mother had always done, and we have had lots of babies to wash and take care of." Fourteen hours afterwards neither mother nor child had urinated. The baby's napkin was absolutely dry and without stain. The grandmothers said the child didn't act right, more like something was wrong inside; could it be possible that it was marked? Had it been put to the breast as I had directed? Why, no, of course not; there wasn't any milk there until the third day; what was the use of putting the child to the breast. They had fed the wee thing with catnip tea and sweetened warm water and some cream; but no cold water. At the risk of being thrown out of the second-story window I began to undo some of the child's clothing. Indeed the belly-band was tight enough to keep the navel-string from bleeding—it was impossible to pass a finger under it at any point. Looking for the means of fastening I discovered that two long tapes sewed to the end of the band had been drawn tightly around the child's abdomen three or four times so that when released they showed deep ridges in the flesh. The child was "marked." I removed so much of the navel dressing as was possible with warm water and Ivory soap, dried it well, dusted on a little aristol, placed on absorbent cotton, applied a loose binder and put the child to the breast. The subsequent struggle with the two grandmothers about the breasts, and the nipples, and the binder to keep her form nice and trim, and the bath, and the bowels, and the eating, and the visitors, and the not combing the hair until the ninth day, and the getting up as soon as the tenth day, and the other lesser detail,—who of you, dear reader, does not know and enter fully with me into the spirit thereof?

There are other grandmothers of the female sex, God bless 'em! who are angels of mercy and peace. Whose touch is as velvet; whose voice as sweetest music. Who suggest and assist and believe that even a young looking doctor may know more about the bringing of children into the world than a grandmother, however old or however experienced with children of her own. She is never officious. She follows the doctor into the other room or down stairs and asks for advice on this food or that drink. She stands a guardian angel with a flaming sword at the door of the sick chamber to keep out the other, the neighborhood's grandmothers who want to know how Jeannette got along, and whether she had many of the cramping pains, and did the doctor have to pull hard, and did the head come first and turn round like Mrs. Sprystep's baby did. No, this silver-haired grandmother with the low voice and soft fingers—there are many of them and may you all find them in your practice—helps the doctor and the patient and all will go well.

But as I said at the start there are other kinds of grandmothers who insist upon sending Matilda Ann some nice fat, rich soup, or a bit of indigestible cake; or who tender the use of the medicine that was left over when Johnny had the whooping cough, or Irene had the diarrhea. Others find Japanese oil or somebody's sarsaparilla, or liver pills, or headache powders, or some other doctor's medicine very much more effective than your own doctor's remedies. And what can a poor, sick, little lamb do in her first confinement against such kindly-meant assaults on her reason and health, especially when it is her own husband's mother who takes charge of the campaign! Very many grandmothers are to medicine what the mother-in-law is to married life—the end.

Pharmacology.

A PROTEST.

By T. P. WILSON, M. D., Cleveland, Ohio.
ex-pres. american institute of hom-opathy.

We are indebted to a well-known western pharmaceutical firm for a nicely printed "Price List and Reference Book of New Remedies." No doubt many of the readers of this journal will have placed upon their office tables a copy of the same.

This is not an especially uncommon event, since each of the great pharmaceutical establishments of the country are giving to the profession annually large, attractive volumes containing their lists of goods. The book before us, is in many respects, the most unique of its kind.

Ordinary price lists are a necessary part of our modern commercial life. They inform us where and at what price that which we may need can be obtained. They assume the buyer knows what he wants to do with his goods.

Not so with this pharmacy. Besides giving its price list, it assumes the most astounding responsibility of furnishing the medical profession very full information upon some of the most important subjects connected with the practice of medicine. It departs widely from its commercial province and enters the field of education; and with a dogmatism evidently born of ignorance, arrogates the role of a teacher. As this pharmacy calls itself "Homeopathic," its power to do mischief is almost incalculable. It will be looked upon as authority; and the mischievous vagaries which it puts forth, will be thrust upon us as representative of the Homeopathic school. Aside from its included list of books, medicines and instruments, this book is a base fraud. Whatever Homeopathy may be, this book is a gross caricature of it.

We all realize how wide and varied are the subjects included in medical science. All our medical colleges are striving to elevate the standard of medical education. Posology, pathology, materia medica and therapeutics, are not only important subjects in medical science and art but as taught by the Homeopathic school are peculiar to it, and mark the essential differences between it and all non-Homeopathic

schools. The practitioner who loses sight or is ignorant of this fact cannot distinguish himself, much less can his acquaintances distinguish him, from an Allopathic or an Eclectic doctor. If the half this book tells us is true, then the posology of our school is void, its pathology worthless, its materia medica erroneous, and its therapeutics a sham. The author of this melange is an unknown quantity. We cannot even guess his name. With a lofty dictum he places upon his instructions the first personal pronoun; and he seems to deem that all-sufficient. He boldly ignores modern modes of teaching and returns to medieval methods, in which the *verbum magistri*—the word of the master—made and unmade science and philosophy.

In contra-distinction to this, the ruling spirit of the day requires a consensus of opinions. We accept nothing on individual authority. Our materia medica is built out of the conjoined labors of the many. No one man's testimony is strong enough to form, for us, a basis for any science, much less that of medicine.

Without further discussion let us turn to a few of the many objectionable details of this "Price List." On page 24 we are informed regarding "A Revolution in Prescribing," "In the past few years a change has been made in the manner of prescribing, that has completely revolutionized the methods of administering medicines. Physicians but a short time ago carried in their saddlebags (sic!) a variety of drugs, pills, powders, potions, lotions and what not. These medicinal preparations are now put up in the form of compressed trituration tablets. * * Every progressive physician today is provided with these tablets and it has a tendency to simplify the practice of medicine."

We are thankful that the above statement is not true and, therefore, cannot be verified. Every careful prescriber seldom finds in these tablets just what he desires to use. The man who knows *Aconite* as only *Aconite*, and pays little regard to the subject of attenuation, doubtless finds all he wants in these ready made forms of prescription. Just as the cut and dried formula of the Allopathic school makes easy prescribing, so do these tablets help the lazy and unstudious Homeopathic doctor—so-called—to do his work. They are but a copy of Allopathic methods; and constitute an open confession, that Homeopathic pharmacology has been outstripped. Every wise prescriber requires a wide choice in attenuation in using any drug. He would need a dray and horse to carry about tablets enough to furnish him the variety he carries in his small case in his coat pocket. Yes, it is easier to carry twenty drugs in tablet form and for any given indicated remedy give the one preparation which his case contains.

As we shall shortly see, this book makes both education and practice very simple.

The literature of our school is increasingly ample. Upon a multitude of topics we have many books of no inconsiderable size and value. But in this "Price List," we have a large amount of supposably valuable information, which renders needless a large library and much study. Each disease is carefully put down by name and the correct treatment described. What more is needed? Is this not the course uniformly pursued by the Allopathic school and against which the law of similia is an eternal protest?

On page 32 we find a list of "Special formulæ." These each contain from two to four different drugs and are duly labeled "Hale's prescription," "Bennet's," and "McLaren's formulæ," of which latter there seem to be nearly a half dozen for gonorrhœa, gleet, hemorrhoids, etc.

The list of cerates which follows is somewhat formidable. At their increasing rate of multiplication we shall soon have every article in the materia medica in cerate form. Having this book to guide us the value of these preparations must be incalculable. Notwithstanding their use is opposed to the rules which should guide an intelligent Homeopath; notwithstanding Hahnemann in his chronic diseases has clearly shown the injurious and often fatal effects of local treatment, especially in suppression of skin diseases, yet this unknown maker of "Price Lists," is bold in setting forth the fact that a certain cerate "is useful for chronic eczema." Another is "an excellent antiseptic and stimulant, valuable for indolent ulcers and varicose ulcers." Another is "a valuable remedy for most skin diseases (!) from simple erythema to pemphigus." A certain cerate is recommended for "hay fever. *One* physician *in the vicinity of Boston* reports one (!) case cured by it."

The "Oleate of Copper" is recomended for various complaints, because "we have a report from *one physician* of a cure of chronic eczema squamosa with this cerate." We are obliged to exclaim, "on what a slender thread hang everlasting things?" Nothing at least could be more un-Hahnemannic, not to say unscientific.

Passing a large amount of matter open to the severest criticism, we come to a special chapter in therapeutics entitled "*The Treatment of Diseases by the Application of Homeopathic Remedies in Combination.*"

It is surprising what a fund of misinformation can be found in the "introduction" to the chapter, which, all told, comprises twenty-seven pages. The opening paragraph offers the following: "Every physician who has enjoyed a practice of any extent whatever has found the judicious alternating and combining of Homeopathic remedies useful in many trying cases, "*when it was absolutely an impossibility to discriminate between two or more remedies*, each one of which, while partially indicated, did not cover the totality of symptoms."

This is a strange statement to make in the face of the fact that thousands of our Homeopathic physicians never prescribe more than one remedy at a time. To stamp the statement as grossly untrue is to treat it very mildly. Hear him again. "There is absolutely no relation between Homeopathic combination and Allopathic mixtures, and they must not be confounded as one and the same thing."

"* * * the poor Indian, whose untutored mind,
Sees God in the clouds and hears Him in the wind,"

could not fail to see how absolutely untrue this is. Take "Combination Tablets No. 1."

Podophyllin	1x.
Leptandrin	1x.
Murcurius Dulcis	1x.

These three in quantities not stated are ground into a mixed powder and pressed into tablet form.

An Allopathic pharmacist, following a more exact rule, would have written it.

℞	Podophyllin	1—10
	Leptandrin	1—10
	Calomel	1—10 aa *M.*
F.	Two grain tablets, etc , etc.	

A hunter of foxes, one day, found in a fox nest a base usurper. After careful examination he said to the interloper: "You look like a polecat; you smell like a polecat; you are a polecat." Thereupon he

cast the intruder out. The ass who put on the lion's hide, failed, you know, to cover over his ears. The man who does not see the old error of polypharmacy repeated in these combination tablets needs the services of an oculist. The folly is not masked; it is defiantly, openly and brazenly offered an intelligent profession as Homeopathy. Of course, *certain parties* "are not all dead yet;" and upon these must the fraud continue to be practiced.

There are just fifty kinds of these combination tablets, and they are made by a pharmacy, "whose trade-mark on them consists of the numbers corresponding to the name of the disease." How very convenient that is! Almost clever, in fact, if it were not base piracy of a fair name which it seeks to hopelessly ruin.

Be it good, bad or indifferent, it is not, and never will be Homeopathy.

Endorsed is it? So are all the nostrums that flood the market. You can buy such endorsements by the bushel for the mere cost of the postage. But there is a science of therapeutics that cannot be bought nor sold. As are the air and the sunlight, it is free for all. There's plenty of it that is not tainted by Allopathic or Eclectic alloy. And above all, it is not mutilated and sold in the shops for gain.

Associations.

NEBRASKA HOMEOPATHIC MEDICAL SOCIETY.

The Nebraska Homeopathic Society attained its majority this year. Twenty-one years ago the society began its career in Lincoln with ten charter members. Dr. O. S. Wood of Omaha was the only charter member present at the twenty-first anniversary. The meetings were held in the spacious and beautiful rooms of the Commercial club. The committee on arrangements, Drs. Breckenridge, Hanchett and Cornell of Omaha, with Drs. Righter and Bailey of Lincoln, had looked after every detail for the convenience and pleasure of the members and visitors.

The officers of the society at this session were Drs. Amelia Burroughs, Omaha, president; Sumner Davis, Omaha, first vice-president; A. N. Dorris, Lincoln, second vice president; O. S. Wood, Omaha, treasurer; G. H. Neal, Falls City, corresponding secretary; J. W. Hingston, now at Cheyenne, Wyo., recording secretary.

The meeting was in every respect the most successful ever held by the Nebraska Homeopaths.

In point of attendance, enthusiasm, fellowship and merit of discussion it is not likely that Nebraska has been excelled by any of her sister states in their annual Homeopathic conclaves. Mayor Bemis cordially welcomed the visitors in a short speech and gave them the freedom of the city. Rev. Dr. Mackay also made an address of welcome with a plea for fraternity and unselfish devotion to the cause of humanity. The first day was given up to reports, appointment of committees, etc. The following day papers were read and discussed:

"A Case," Dr. G. H. Neal, Falls City, Neb.; "The Physiology of Disease," Dr. W. T. Winter, Wymore, Neb.; "Tubercle of the Lungs," Dr. A. H. Dorris, Lincoln, Neb. In the Bureau of Eye, Ear, Nose and Throat—"Diagnostic Hints," Dr. Moriarty, Omaha; "Diseases of the Mastoid," Dr. Sumner Davis; "Recognition of Eye-Strain by General Practitioners," Dr. C. E. Spohr, Lincoln, Neb.

The evening session was devoted to the Bureau of Surgery. First paper read was by Dr. B. Bell Andrews, Stella, Neb.; "Exsection of Knee-Joint for Gun-Shot Wound." The patient was exhibited showing a perfect operation in every respect. Dr. Humphrey, of Plattsmouth, read a most interesting technical discussion of "Bone Surgery." Dr. E. B. Finney, Lincoln, chairman of the Bureau, followed by an excellent clinical paper upon the same subject. Dr. Dasarte, of Omaha, reported six desperate cases of bone surgery in which he attributed the successful result as much to the Homeopathic remedy as to the operation. The discussions in this Bureau were not closed until a late hour and all felt that a most profitable evening had been spent.

Dr. M. C. Blystone, of Broken Bow, and Drs. J. E. Mann and Agnes V. Swettland, of Omaha, were duly initiated as new members before adjournment.

A large number of visitors from various states of the union and an increased attendance of our own membership greeted the president's address Tuesday morning with a good audience. President Burroughs' address was ably written and delivered in a clear and forcible voice. After reviewing Homeopathy generally, and the Nebraska Society specifically, two suggestions were made: First, that some organized and persistent effort be made to secure proper recognition of our school in our state institutions; second, that the Hahnemann monument fund receive proper considerations.

Following the address, Dr. W. H. Hanchett, of Omaha, read a paper on "Scarlet Fever," which elicited considerable discussion. Dr. H. P. Holmes, of Omaha," "A Chapter from Personal Experience;" Dr. F. M. Lankton, of Omaha, "Constitutional Weakness Homeopathically Treated."

In the Bureau of Obstetrics, Dr. B. F. Bailey, Lincoln, chairman, read a paper: "Eight Cases of Albuminuria of Pregnancy;" Dr. F. M. Lankton, Omaha, "Common Sense Use of Forceps;" Dr. A. H. Dorris, Lincoln, gave a technical paper upon "Placenta Previa," discussed by Dr. Foote, who reported two cases occurring in the same patient within three years. Dr. C. G. Higbee, of St. Paul, joined in the discussion and called attention to the symposium on the subject of Placenta Previa in the report of the proceedings of the American Institute of Homeopathy of three years ago.

In the afternoon session the Bureau of Materia Medica took the floor and made a most creditable showing. Dr. O. H. Felch, of Beatrice, read a paper embodying his original researches in the use of *Verbena Hastata*. Dr. A. P. Hanchett, Council Bluffs, Iowa, read a paper upon "Nitric Acid" of so much merit that we hope it will appear in some of our journals soon. It compares favorably with Dr. Kent's article upon the same subject in the January *Advance*. Dr. W. A. Humphrey read a very interesting discussion of "Arnica," Dr. Sarah Smith, Council Bluffs, "Sepia," Dr. C. G. Sprague, Omaha, "Lac Caninum." The bureau was closed by a pointed article by Dr. H. P. Holmes, "What We Owe Our Professions."

The following officers were elected for the coming year:

President, Dr. Sumner Davis, Omaha; first vice-president, Dr. A. H. Dorris, Lincoln; second vice-president, R. W. Connell, Omaha; corresponding secretary, Dr. G. H. Neal, Falls City; recording secretary, Dr. Julia C. Starr, Beatrice; treasurer, Dr. O. S. Wood, Omaha.

The following visitors were present during the ses-

sion and were unanimously elected as honorary members of the Nebraska State Homeopathic Society:

Drs. E. H. Pratt, N. B. Delamater, C. A. Weirick, C. Gurney Fellows, A. K. Crawford, R. Ludlam, Howard Crutcher, H. C. Allen, of Chicago; Henry M. Smith, New York; C. G. Higbee, St. Paul, Minn.; H. C. Aldrich, Minneapolis; C. B. Pillsbury, Duluth, Minn.; C. C. Pillsbury, West Superior, Minn.; Henry A. Snyder, Boston; C. J. Branch, Minneapolis; Walter Robillard, Liscomb, Ia.; A. W. Blunt, Clinton, Ia.; J. E. Sawyer, St. Paul, Minn.; C. H. Cogswell, Cedar Rapids, Ia.; Geo. Royal, Des Moines, Ia.; A. C. Williamson, De Land, Fla.; Joseph Hancock, Philadelphia; Henry A. Snyder, Medina, N. Y.; N. A. Pennoyer, Kenosha, Wis.

Tuesday evening was the social evening of the meeting. Dr. E. H. Pratt, of Chicago, delivered a popular lecture before a large audience in the Commercial club rooms, taking for his subject, "Professional Freedom." This was a metaphysical lecture and very entertaining. The daily papers gave a very flattering report of Dr. Pratt's masterly effort.

Following the lecture was the banquet with one hundred and fifty plates, tendered by the Omaha Homeopathic physicians to their visitors. The toasts were especially felicitous and it was midnight before the happy doctors left the dining hall.

Wednesday morning session was an interesting one. The Bureau of Orificial Surgery being first called, papers were read by Drs. M. C. Blystone, Broken Bow, R. W. Connell, Omaha, and D. A. Foote, chairman of the bureau. The prophet of orificial surgery being present, the discussions were eminently interesting and entertaining.

The Bureau of Gynecology was next called, Dr. C. G. Higbee, of St. Paul, exhibiting a specimen of calcareous uterine degeneration and reading an interesting paper describing the case. This paper was discussed by Dr. Ludlam and several others. Dr. B. F. Righter, chairman of the bureau, read a general paper upon the subject of gynecology in his usual terse and interesting style.

C. Gurney Fellows' paper, entitled "Nose and Throat Diseases in Children" receiving many compliments, and was discussed by Drs. Crawford, Cogswell and Delamater.

The session adjourned at 4 P. M. Wednesday, a large number of the attending physicians taking the evening train for Denver to the American Institute of Homeopathy. Boaz.

THE CINCINNATI HOMEOPATHIC LYCEUM.

The Cincinnati Homeopathic Lyceum met at Pulte College at 8 P. M., with President Meade in the chair.

Those present were President Meade, Drs. Walton, Geohegan, Geiser, Hawley, Stewart, Snyder, Wiggers, Phillips and Davis.

The minutes of the previous meeting were read and approved.

The committee on resolutions in regard to the death of Dr. Wm. Webster, of Dayton Ohio, reported the drafting of the resolutions and sending a copy to the family and also to the Dayton Journal for publication.

Drs. Ella and Irene Hunt and H. H. Dwyer were admitted to membership in the Lyceum.

The program of Obstetrics for the evening was then taken up.

In the absence of Dr. Kirk her paper entitled "Some Forms of Uterine Displacement and Treatment" was omitted, and Dr. Hawley addressed the Lyceum on the subject "Topical Applications in Uterine Trouble and Their Pernicious Use." He spoke of the numerous cerates, tablets, lotions, washes, etc., that were now being put on the market for the cure of all forms of displacement, menorrhagia, metorrhagia, cellulitis, leucorrhœa, lateratius, etc. The preparations were readily applied and the physician was likely to use them instead of taking his books from the shelf and studying up his case. This kind of treatment he characterized as pernicious and only palliative while if you would select the right remedy, you would cure your case. He did not wish to be put on record as against local applications, but their use as a whole was pernicious. The constant use even, if followed by temporary results, would make the doctor lax in his studies. Surgery in some cases, such as lacerations, etc., was the only cure. He recited a case of lacerated cervix of 6 months standing, that had been treated locally with caustics, iodine, permanganate of potash, and witch haz l and had been told these would cure without an operation. The patient was greatly reduced in flesh, very nervous and had taken very little nourishment. He prescribed a nourishing diet, repaired the laceration, and patient rapidly recovered. He got better results with remedies than by the use of local applications.

The paper was then open to discussion.

Dr. Walton thought there were only a few applications that were efficacious, as glycerine suppositories to draw off the serum from the tissues in enlargements. No medicine would cure a laceration. Remove the cause in menorrhagia and metorrhagia.

Dr. Geohegan did not believe in attributing all troubles to a lacerated cervix where one existed, unless it be a large one.

Dr. Geiser thought if these patent medicines and tablets were employed, the chemist and druggist would soon be doing all the prescribing.

Dr. Geohegan reported a case of the birth of a baby with a lower central incisor tooth, it was composed of nothing but the enamel and seemed to be merely set on the gum, there being no dentine. It was removed in twelve hours. The question was asked whether or not the next tooth would be of the permanent set.

Dr. Walton then read an exceedingly interesting paper entitled Cysto-Spasm.

There being no further business the meeting adjourned to meet June 18th at 8 P. M.

Jas. A. Davis, M. D., Secretary.

NATIONAL ASSOCIATION OF SUPERINTENDENTS AND MANAGERS OF HOMEOPATHIC HOSPITALS FOR THE INSANE.

An association of managers and superintendents of hospitals for the insane was organized at Denver, Colorado, June 19, 1894, Dr. Wm. Tod Helmuth, of New York, being elected chairman, and Dr. H. P. Skiles, of Chicago, secretary of the preliminary meeting.

The states represented were:

California—Dr. W. B. Campbell, Superintendent of the State Hospital for the Insane at San Bernardino.

Illinois—Dr. H. P. Skiles, Superintendent of the Skiles Hospital at Chicago.

New York—Dr. Wm. Tod Helmuth, Manager of the Collins Farm State Homeopathic Hospital, at Collins, Erie county, N. Y. Dr. H. M. Paine, Manager of the Collins Farm State Homeopathic Hospital, at Collins, Erie county, N. Y. Dr. T. F. Allen, Manager of the State Homeopathic Hospital at Middletown, Orange county, N. Y.

Wisconsin—Dr. N. A. Pennoyer, Superintendent of the Kenosha Sanitarium, at Kenosha.

The purposes and objects of the association were briefly stated by Dr. Paine, and Drs. Campbell, Skiles and Paine were appointed a committee to draft a form of by-laws for its government, which form, subsequently presented, was adopted.

Drs. Campbell, Skiles and Pennoyer expressed the hope that the association might be made a means for promoting an interest in the Homeopathic care and treatment of the insane, and a medium for communicating information and the results of treatment by those having the responsible management of Homeopathic institutions for the insane throughout the country.

The officers elected for the ensuing year are:

President, Dr. T. F. Allen, New York City.

Secretary, Dr. H. M. Paine, Albany N. Y.

The next meeting of the association will be held at Newport, R. I., in June, 1895, in conjunction with the meeting of the American Institute of Homeopathy.

BY-LAWS OF THE NATIONAL ASSOCIATION OF SUPERINTENDENTS AND MANAGERS OF HOMEOPATHIC HOSPITALS FOR THE INSANE.

I. This association shall be styled "The National Association of Superintendents and Managers of Homeopathic Hospitals for the Insane."

II. The object of the association shall be that of providing an opportunity for mutual conference and the diffusion of information relating to all matters pertaining to the care, treatment and management of the insane.

III. The officers shall be a president and secretary, to be elected annually, and to hold office until others are elected in their places.

IV. Superintendents, assistant physicians, managers, trustees or proprietors of hospitals for the insane, and those who hold or have previously held either of these positions in public or private institutions for the custody, care and management of the insane, are eligible to membership in the association, notification to the secretary being a prerequisite. Associate membership may be acquired by a majority vote at any regularly called meeting of the association.

V. Meetings of the association shall be held at least once annually, in conjunction with the meeting of the American Institute of Homeopathy. At all meetings three members shall constitute a quorum.

VI. These by-laws may be changed or amended at any regular or special meeting of the association.

Correspondence.

INTERESTING LETTER FROM GERMANY.

Editor Medical Century:

Of your kindly invitation to keep the readers of the Century informed as to the doings of Homeopathic affairs in Germany I gladly avail myself, although in the nature of things in Europe changes are brought about so slowly that the individual steps forward are scarcely discernible, and one must content oneself with the knowledge that the general trend is onward. It was with very lively sympathy and pleasure that I learned that our friends over the water in the state of Pennsylvania have succeeded in securing equal rights in their examining board law; and I must confess that when Dr. Pitcairn was so kind as to give me a report of the importance of this victory I looked with envy toward you and your land where all institutions advance with so much vaster strides than with us.

There are two forces at work in European states to delay the advance of Homeopathy to a much greater extent than you wot of in your country. These are our traditional rulings, grounded in history, concerning the education of the physician; and secondly, in Germany at least, the open activity of the laity in the *leadership* of this Homeopathic movement. In the whole of Germany there is only one Homeopathic institution protected by the state. That is the Polyclinic of the Homeopathic Central Union in Leipzig. This receives a yearly protection, and if we ever are able to avail ourselves of greater legal liberties we must always reckon our start from this single institution. When I came to Dresden I found that interest in Homeopathic affairs was very lukewarm. This was because the only practicing physician at this point, Dr. Elb, overburdened with work, cares little, or not at all, to interest himself publicly for the cause, and does nothing beyond the discharge of the heavy duties of his practice. I, however, being somewhat of an aggressor and having formerly officiated in the capacity of public orator which has given me a certain readiness of diction, was induced to give a series of public lectures concerning Homeopathy at Dresden. The Minister of Public Instruction and Ecclesiastical Affairs, Herr Von Gerber, promised to attend my last lecture if I would take as a subject "Deductions Concerning the Significance of Homeopathy for the Public Good," his promise being influenced by the fact that he was obliged to take some interest in the institution at Leipzig which was under governmental protection. But a sudden death called him away, and the one chance that we had had was again lost.

In Saxony we have at least the opportunity to work openly; and since the Homeopathic Central Union has founded the hospital in Leipzig it is not difficult to secure legal recognition in proportion to our Union statutes. In Berlin, on the other hand, where the means for the building of a hospital have long been ready and waiting, and where the need therefor is greater than in Leipzig, it is not possible to get for the Union the rights of individual enfranchisement, although this Union has the money on hand and is willing to build the hospital. The hospital at Munich has always been a private hospital but is doing excellent work.

The only door now open for young physicians or older colleagues to come to Homeopathy is through the necessity of studying with an un-Homeopathic faculty in the university and the taking of an examination before a committee in which Homeopathy is not represented at all. According to the present laws we cannot inaugurate Homeopathic colleges. They can only exist in the form of courses for diplomaed physicians. These restrictions to a common education with our late antagonists is not unwelcome to us, however, for it gives of itself proof that we have had the same education, the same scientific schooling as our professional brethren, and have yet

branched off in a new path of our own free will and out of the knowledge that the better is possibly preferable to the good. Now as to what way young students of Homeopathy shall proceed with their studies, whether they shall do so through an engagement with an active Homeopathic institution or as an assistant to a busy practitioner, opinions are divided, just as they are divided on the question whether the young Allopath at the end of his studies and before his entrance into a practice of his own would do better to work in a hospital or as assistant to a busy practitioner. Personally, for both cases, I am of the opinion that it is better to be active in private practice than to undertake work in any institution, for these reasons: In private practice only do those forces which constitute the individuality of Homeopathy show with sufficient clearness; only in private practice does the Homeopath learn the significance of the etiological provings of remedies; only there is he in position to follow out hour by hour the workings of Homeopathic medicines in acute cases, and so reach a judgment concerning the celerity and endurance of certain potencies; and, finally, it is only in private practice that the physician comes directly in contact with the significance of symptoms as individual guiding lights, because it is often only in private practice that we are able to see cases of indisposition whose pathological significance is only to be surmised through their concurrence with other cases.

We have not enough hospitals for the education of our young physicians. And of our polyclinics one has attained to an unmerited importance; the polyclinic of the apothecary Schwabe in Leipzig. This man, a successful business man, has undertaken in the course of the year to inoculate the great business bringing public with the opinion that he alone of all Germany places on the market reliable Homeopathic medicines; that he does this in spite of the great expense involved purely in the interests of Homeopathy; and that it is therefore quite fitting that he should be looked upon as an earnest promoter of Homeopathy. There have been and are a great number of naive people who believe all this, although a select few are of the opinion that his investments have netted him very good returns, that there are other Homeopathic apothecaries in Germany besides himself, and that he owes the influence which he has in Germany to no very ideal motives. Since I have come out into active public affairs I have not been able to conceal from myself that in Germany more than anywhere else there is a politic necessity that the guidance of Homeopathic affairs should be placed in the hands of approved physicians; and that the most talented layman, because he is a laymen, and because of the significance of the laws against quacks, presents an opportunity to our antagonists to throw mud upon every effort of Homeopathic physicians for a legal recognition. Furthermore, when I discovered that medical literature was full of warnings against the apothecary Schwabe, I, with a number of friends, entered into consultation and agreed to take up the cudgels against this usurping autocracy. Only that part of the campaign which is directed against the Schwabean polyclinic as a place of tuition for young Homeopaths is of interest beyond the confines of Germany. This polyclinic has been in existence ten years, although under a different name, it having been founded by one Puhlmann, an extraordinarily bright man, with an undeniable gift for the management of disease, of more accurate knowledge than many practicing physicians who has yet elected to remain of the laity. He edits the widely known *Leipziger Populäre Zeitschrift,* has published two immense books on the Homeopathic treatment of disease which have been unusually good investments for the publisher, that same Mr. Schwabe.

The young people who attend the Schwabean polyclinic are assiduously told that the Homeopathy of Hahnemann is a worn-out rag; that only the union of therapeutics with Homeopathic remedies and the modern pathological disease-picture promises any goal to our efforts and that the treatment of symptoms *per se* is useless.

A vast silence is kept concerning the fact that we are quick enough to recognize symptoms, but that we have no knowledge of the existence of disease; and that we should be grateful to Hahnemann, the master, because he has shown us a way to help our fellow creatures and to help ourselves in those cases where any scientific knowledge of the existence of the disease in question wholly fails us. Nor is it sufficiently impressed upon the students that one is not a Homeopathic physician because of the simple change from Allopathic to Homeopathic remedies, but only after one has been taught and has learned to understand the collective symptoms of the patient, his sufferings, the remedies and their effects—just as we were taught long ago.

In my report "Concerning the Condition of Homeopathy in Germany," written for the World's Congress in Chicago, I emphasized the qualifications above noted, and thereupon a great fire-brand blazed up in our camp, which soon burned into a controversial series. Since the Schwabe-Puhlmann faction wage war with the poisonous weapons of personal calumniation, these controversies can have no great interest for you. As for myself, I am chiefly concerned with my growing perception of the fact that in those lands where Homeopathy makes most marked progress only physicians are at the head of Homeopathic affairs. In Spain, in England, in the United States the greatest governmental concessions have been gained, and I have never read or heard that in any of these countries the laity undertook the leadership of medical affairs. But with us here in Germany, the Fatherland of Homeopathy, progress is slower, and the chief blame lies upon the shoulders of those who are not physicians and yet undertake to lead and direct medical men and medical things.

Yours very sincerely,

Dresden, Saxony. ALEXANDER VILLERS.

The Texas Homeopathic State Medical Society held its annual meeting at Dallas, June 11 and 12. The attendance was good and the meeting was one of the best the society has enjoyed for years. A good many papers were presented and discussed and those present report a royal entertainment on the part of the Dallas physicians. The officers elected for the ensuing year were M. J. Bliem, M. D., San Antonio, president; Geo. D. Streeter, M. D., Waco, 1st vice-president; W. F. Bayliss, M. D., Ranger, 2nd vice-president; C. F. Braden, M. D., San Antonio, secretary; J. T. Thatcher, M. D., Dallas, treasurer. Six applications for membership were received and acted upon. The society adjourned to meet at Ft. Worth, June 13 and 14, 1895. A great deal of enthusiasm was manifested by all present and a disposition shown to put new life and interest into the society. A good meeting is anticipated for next year.

Medical Century

An International Journal of Homeopathic Medicine and Surgery.

C. E. FISHER, M. D., - Editor,

ASSOCIATE EDITOR:

W. A. DEWEY, M. D., New York.

Chicago, July 15, 1894.

WELL DONE, FAITHFUL SERVANT!

The retirement of Dr. Pemberton Dudley from the General Secretaryship of the American Institute of Homeopathy calls for more than passing notice. For seven years this faithful servant of the profession has served at the secretary's desk. The volume of work he has performed in this connection has been enormous, and its far reaching effects are not easily to be measured. He may have been criticised by some members of the Institute and by perhaps one occupant of the presidental chair because he has not always seemed to be as prompt in the detail work of his office as they would have him be, but in spite of this criticism, which is undeserved and largely captious on the part of those from whom it has issued, he has been the most faithful, zealous, methodical and efficient secretary the American Institute of Homeopathy has had in recent years. Certainly no one has excelled him in these qualities, and in retiring from the office he is deserving of the heartiest commendations and warmest thanks of the entire membership for the most excellent manner in which he has performed the labors of his office.

And they have been labors, too. When he became secretary the membership was but nine hundred. It is now very near two thousand. This means that the work of the office has much more than doubled. In a recent effort to ascertain approximately the work of this office we have learned that Dr. Dudley has written for the Institute above eight thousand letters and postals; he has written above four hundred circular letters for the journals; he has addressed and mailed about sixty thousand circulars pertaining to the Institute and its sessions; he has mailed six thousand copies of the Transactions to members; he has edited over fifteen thousand pages of manuscript and has read and edited over seven thousand pages of proof; and in attending the meetings of the Institute he has traveled upwards of thirteen thousand miles. Yet the foregoing represents only a part of the real work he has done for the Institute and the profession while occupying this trying position, and those who have kept track of his labors will agree with us that they have been exceedingly fruitful in results and all the most exacting members of the Institute could ask in reason.

Dr. Dudley retires from the office voluntarily, and has in mind a work in which the profession will take great interest and which will, in our judgment, redound to its advantage. He is entitled to all the thankfulness of the profession that it can express, and we feel sure that we but reflect the sentiment of thousands of its members when we say that they will unite with us in wishing him the full enjoyment of a long rest from his arduous labors of the last seven years, and when we say that the American Institute of Homeopathy owes to Dr. Dudley a debt of gratitude for services rendered that it will never be able to fully liquidate, but that we believe it will at some time in the future try to repay as best it can.

The Medical Century takes great pleasure in thus bearing testimony to the value and character of services rendered by Dr. Dudley to the profession, and as one of the journals that has never had to call on him a second time for information in relation to the American Institute or its affairs it desires to tender him its most heartfelt thanks and most grateful appreciation for the almost untold courtesies extended it by him during the last year and a half of his term of office.

IF NOT CÆSAR, NOTHING.

We are, as everybody who is good at conundrums has long since guessed, a ladies' man, first, last and all the time. We believe in, we see signs of, we admit, we welcome the "inevitable step forward." The step which long ago dismayed the stout hearts of the pioneer members of our own American Institute, which terrorized the conservative and tickled the liberal, which was looked upon as the harbinger of all evil or the point of application of all good, social, financial or economic, that step has been extending itself steadily into a stride which is, to say the least, considerably magnificent. But it doesn't frighten us in its colossal possibilities. We approve —in that gentle way which now distinguishes the once sterner sex. It is time, high time, that the talents, so long buried, should be developed. The world isn't so full of capable people but that there is room for more. There are fields to be tilled on every hand, and the question is not one of trousers and skirts, but "can the tiller handle a plough." Everywhere the women are trying it—the plough. The spring literature has been full of especially feminine issues, very urgent and sometimes divergent, issues that have retrospected to Eve, have become entangled in labor problems of enormous political and commercial sequence, have lengthened on to the last man—who from present indications will be a woman—have deepened into the mud that bad folks

wade in, have heightened into a white heaven of possible morality.

When the historians of the present begin retrospecting they go back to the old man of Cro-Magnon for reasons, where there are plenty of good reasons, no doubt, but whose resurrection takes so long that the premises grow gray and crackling before they reach the conclusions. So that one must take a good deal for granted in attempting to locate the beginning of the fine feminine fermentation of today's evidence. Given a cosmic plasma or a plastic cosmus, however, and it is easy to make worlds. So most of them start with the subservience of woman's natural mentality to the stress of the purely physical and beastly strong. This last by way of memento of the days when men and women were both apes and the bigger ape out-aped the littler ape. Then, apehood being down-lived, the female skull grew thinner and thinner until light shone in and mind shone out and the woman looked at the man's trousers and asked why this was thus. That was the end of the old things. The war was on.

Already it has become a fact of everybody's acceptation that the hand that rocks the cradle hasn't enough to do. This is the self-executed sentence of the mind that moves the hand that rocks the cradle. Perhaps if the mind could have been utilized in the rocking of cradles all this flutter would not have been. Or perhaps if all the hands were fully adapted to the rocking of cradles nothing else would ever have been done by the women. But some hands didn't take to cradles—and cradles didn't come unto some women—and those women began wanting something to do. Because there are fields to be tilled shall all men be forever farmers? Or because there are pictures to be painted shall there be no poets? It isn't fair to restrict manifold ability to one rut, and the hand that rocked will never again merely rock. Still there will be no lack of cradles, we judge, nor is there danger that they will go unrocked.

Meantime there has been all along a cloying feature in the movement. The antagonism which the instigators of the movement met with made them antagonistic. It is in part the fault of the men that the women have become clannish, that the wild idea of sex against sex has gained some foothold, but it is now the fault of the women that this state of affairs is allowed to obtain. In the profession there isn't supposed to be any sex, but the supposition is a little violent in the face of the various clubs and unions "for ladies only." The tendency to clannishness of this sort, women and women and men and men, cannot but be detrimental in bringing about different standards of undertaking and accomplishment; in bringing about those judgments which are indexed in the phrases commencing with "considering"—"considering that the women did it it is very good." Where there is such invitation to comparison all things become relative, there is no standard which is absolute. But there ought to be. Women should hardly be satisfied with anything short of the best, and there will never be competition among them with the best until they recognize no ideals but those which can be recognized of all men, not as comparing favorably or disastrously with the best that men try to do, but *as the best.*

These trivial self-gratulatory lauds which are showered upon poor work among the women in active life ought to stop. The day is too enlightened for anything to be praised because a woman did it. It should be praised only because it is good. The day is also too enlightened to disparage a thing because a woman did it. It should be disparaged only because it is bad. The women of the busy world, feeling the force of the obstacles they have and are overcoming, are, particularly in the medical profession, a little too prone to talk about and write about the "progress of women." Why not the progress of the world? Instead of woman in medicine why not just medicine? Instead of lady physicians, why not just plain physicians, or pretty physicians, as the case may be, but never women physicians? Instead of claiming a great deal of consideration for work done because women did it, and a great deal of recognition as the feminine constituent of the profession, why not without more parley bring the work done to the level of the men's work? Why not be as good surgeons, materia medicists, obstetricians and specialists as the men? Why not write as many books, open as many sanitariums and—kill fewer people than the men? Why not? We pause for reply.

Editor's Table.

The Cincinnati Eclectic College graduated a class of seventeen.

A Philadelphia doctor thinks fat a sure preventive of consumption.

Dr. Kate I. Graves has removed to 5663 Washington Avenue, City.

Dr. E. Therese Straub has removed to 922 N. Clark street, City.

A case of glycosuria has been reported as following the use of thyroid.

Dr. and Mrs. W. A. Phillips, of Cleveland, are summering abroad.

Dr. F. E. Doughty, New York, is spending the summer in Europe.

Dr. Edward H. M. Sell, of New York, has removed to 161 West 64th street.

Insanity is said to be more prevalent among unmarried than among married people.

The Westborough Insane Hospital of Massachusetts provides for about 550 patients.

The medical firm of Drs. Pettit & Peebles, of Cedar Falls, Iowa, has been dissolved.

Dr. Sidney F. Wilcox has removed his office from The Rutland to 51 West 52nd st N. Y.

Dr. W. A. Dewey and wife, New York, are summering on their farm near Middlebury, Vt.

Dr. Jno. Fozzard, of Port Orange, Fla., is spending a few weeks in Chicago and vicinity.

Dr. J. W. Thompson, of New York, has removed from 155 W. 48th street to 104 58th street.

Dr. John E. L. Davis, of New York, has removed from 34 East 39th street to 4 East 63d street.

The Cleveland University of Medicine will open its next annual session on the last Wednesday in September.

It is said that more physicians commit suicide than the members of any other one of the learned professions.—Nemesis!

Dr. W. H. Hale, the "Gunwa Chinese Doctor" inventor has been taken back to Denver to answer for misuse of the mails.

The American Association of Obstetricians and Gynecologists will be held at Toronto, Ontario, September 19–21, inclusive.

Dr. E. A. Darby, formerly of Mt. Vernon, O., has located in Cleveland for the practice of his specialty, Ophthalmology.

At Buda-Pesth, September 1–8, proximo, there will be held the Eighth International Congress of Hygiene and Demography.

Dr. T. S. Hoyne, editor of the *Medical Visitor*, Chicago, is enjoying a vacation in Europe. He will be away until September 1st.

Dr. William H. King has removed his office to 64 w 51st st New York. Dr King is the well known electrician of our school in New York.

Dr. Emlen Lewis has permanently located at Glenwood Springs, Colo., and will give careful professional attention to patients entrusted to his care.

Dr. G. M. Dillow, formerly Editor of *North American Journal of Homeopathy*, has removed his residence to The Rutland, 57th and Broadway.

The Northwestern University Medical Department graduated a class of seventy and the Woman's Medical College graduated a class of thirty in June.

The announcement of the Denver Homeopathic Medical College and Hospital for the session of 1894-1895 is a natty affair, well gotten up and neatly printed.

Several vessels infected with yellow fever have made their appearance at Florida ports and smallpox is epidemic at Staten Island and everybody has the strike in Chicago.

Dr. Geo. F. Shears, professor of surgery in Hahnemann Medical College, Chicago, has returned to work after two months vacation, very much improved in health and strength.

Dr. Walter E. Fruit has removed to his new building, No. 823 West Forty-seventh street, corner Emerald avenue, City. His consultation hours are from 8 to 10 A. M., 5 to 7 P. M.

Dr. J. R. Kippax, Chicago, announces his intention to be absent from his practice from June 9 to July 21. The doctor takes a vacation every year and simply closes up office and goes off for a rest, the way to do it.

Dr. James Moore Ball, for many years of the Keokuk Medical College, has resigned from that institution to accept the chair of ophthalmology and otology in the St. Louis College of Physicians and Surgeons.

Dr. A. C. Stewart, formerly at Reading, Pa., is located at Durango, Colorado, and within two years has built up a most excellent practice. He is an exceedingly pleasant gentleman and an accomplished physician.

At a recent meeting of the Cook County Homeopathic Medical Society, the local association of the National Homeopathic College, Dr. Wilson A. Smith, editor of the *Medical Current*, was elected president for the ensuing year.

Dr. C. N. Hart, Denver, Colo., is spending the summer in the Green Mountains and along the banks of their trout streams. Dr. Hart has recently been elected president of the State Board of Medical Examiners of Colorado.

It is said that the "Big Four" will establish hospitals at Cincinnati, Columbus, Cleveland, Sandusky, Peoria, Cairo, Kankakee, Indianapolis and St. Louis. The employees with salaries of more than $50 will be taxed fifty cents monthly in their support.

The St. Louis *Clinique* has passed into the hands of Dr. Emory Lanphear, Professor of Surgery in the College of Physicians and Surgeons. Dr. Lanphear will conduct the journal in the interests of that school, and of the medical profession of the West.

Some of Koch's pupils are on the high road to success. One of them, Kitasato, an efficient Japanese, is under governmental espionage and receives a comfortable allowance therefrom. The tuberculin used by Kitasato is a modified product of his own devising.

His many friends in the profession will regret to learn that the health of Dr. N. Schneider, one of Cleveland's most popular surgeons, is in a precarious condition. His recovery, though ardently hoped for, is hardly to be expected, if current rumor be true.

Dr. Carrie Shaw, professor of physiology in Hering Medical College, has been elected physician to the Chicago Home for the Friendless. There are between three hundred and four hundred children in this institution, which is one of the most popular and deserving charities of the city.

Of course we all want to wear diamonds, but some people are trying to wear them in their teeth. An exchange thinks: "It is surely enough that our sense of decency and propriety should be so often shocked by unsightly gold crowns and fillings, without being further offended by this new atrocity."

If one may be allowed to judge from the grumblings of one or two journalists there were some very sour grapes partaken of at Denver. It is an exceedingly difficult matter to offer a diet to the profession that will suit the digestion of everybody. Verily, some people wouldn't be happy if they had to be hung.

Capt. Henry Coleman, the father of Dr. E. B. Coleman, of Nantucket, Mass., died on Sunday, June 17th. Capt. Coleman was in many respects a very remarkable man and his death ended an almost uninterrupted career of success. To our bereaved colleague our sincerest condolence is extended in this hour of severe loss.

Dr. A. M. Sprague, Kingfisher, Oklahoma Territory, has associated with him in practice Dr. W. M. Cooley, a graduate of Hahnemann College, Chicago. The doctors would be glad to hear from all the Homeopaths with the idea of forming a territorial association as soon as possible. The Medical Century warmly commends this thought. In union there is strength.

Drs. W. W. Potter, W. S. Ely and Maurice J. Lewis have been reappointed to the State Board of Medical examiners by the Regents of the University of the State of New York. The Homeopathic Board consists of Drs. Asa S. Couch (reappointed), J. Willis Candee and John M. Lee; and the Eclectic Board of Drs. Lee H. Smith (reappointed), O. W. Sutton and M. H. Nichols.

Dr. Abram S. Pease, a recent graduate of Hering Medical College, Chicago, was married on Thursday evening, June 28th, to the daughter of Rev. and Mrs. J. M. Caldwell, at the South Park Avenue Methodist Church, of which Mr. Caldwell is pastor. Sensible young man. Secure as to diploma he has taken unto himself a wife, the next and chief requisite for success in medicine, as, in fact, in any calling in life.

The atmosphere of the American Medical Association has been cleared of hidebound preteristic alcoholophobiac cant. This great undertaking was realized upon the occasion of the San Francisco meeting. We don't know what it means but feel sure that it was a good thing for the association, as an Allopathic contemporary seems to be breathing more freely since the clearance of what it names a "great incubus."

The May number of the Homeopathic Journal of Obstetrics contains an exceedingly practical and interesting article on Puerperal Fever, by Dr. Benj. F. Bailey, of Lincoln, Neb. It was read by Dr. Bailey before the Lincoln City Homeopathic Medical Society, and is an unusually valuable presentation of the subject. The West contains a great deal of comparatively undeveloped talent which, little by little, is coming to the fore.

A very promising institution of great possibilities is the new organization, the Homeopathic Medical Society of Chicago. The first regular meeting of this society was held in the parlors of the Grand Pacific hotel, room 44, Friday evening, July 6th, at 8:30 o'clock. Papers were read by Drs. J. S. Mitchell and A. K. Crawford, and the executive and legislative committees made important reports.

Dr. N. Emmons Paine, of West Newton, Mass., is to be congratulated upon his model Sanitarium. We are just in receipt of a daintily devised card from the Doctor with some half-tone views of the West Newton resort, and if the real thing is one-half as pretty and inviting as the picture, Dr. Paine is to be as much congratulated upon the location of his Sanitarium as for the class of treatment for which the Newton Nervine is justly celebrated.

Dr. Thos. E. Costain, of the Lincoln Park Sanitarium, was married at Crawfordville, Ind. on the evening of June 26th, to Miss Mae Buswell Wellington. Dr. and Mrs. Costain will be "At Home" at the Sanitarium after August 1. The best wishes of his many friends in the profession, including, of course the MEDICAL CENTURY, go with Dr. Costain in his new relation in life and all will join us in wishing him a long and happy experience as a benedict.

The warmth of reception which the announcement of the preparation of the Homeopathic Text Book of Surgery is receiving from all over the country is most gratifying. Subscriptions began to come in the day following the mailing of the first lot of announcements and they have been coming at satisfactory rate every day since. The time has come for a book of this character and the profession is responding generously to the efforts of the surgeons to give it to them.

Dr. Cusco, one of the best known surgeons and gynecologists of Paris, died recently at the age of 75. To him is due the chair of clinical ophthalmology in the *Faculté de Medicine*. He also founded the chair of Medical History. His name is attached to several surgical instruments, the best known of which in this country is Cusco's speculum. He even composed a comic opera which met with considerable success about a dozen years ago, entitled "The Doge's Daughters."

Dr. T. E. Linn, formerly Professor of Surgery in Pulte Medical College at Cincinnati, who has been at Asheville, N. C. for his health for a year past, has sufficiently recovered to have determined to make Asheville his permanent home and is now actively engaged in medical and surgical practice in that city. He will shortly issue an article for the medical journals descriptive of the advantages of Asheville and vicinity as a climatic resort for pulmonary and other invalids from the north.

Upon the occasion of the Queen's birthday in England the honors conferred were many and the doctors honored were few. This seems to be usually the case and a correspondent from London gets very wrathy thereover and institutes some pungent comparisons between the tendency of the illiberal liberal governments to knight brewers and distillers and let go unrecognized the men who are "only doctors." Following on this an American doctor at Soo Chow, China, has been made a mandarin—but then, Americans don't care much for titles.

Subscribers to the MEDICAL CENTURY who failed to receive their issue of July 1 promptly will please charge the delay up to the great strike. The issue bearing that date was caught in the suburbs of Chicago and held there for a number of days, and it was with difficulty that it could be traced and started on its way through the mails. It is not unlikely also that the present issue may be somewhat delayed for the same reason and we beg the indulgence of our readers until such time as Uncle Sam is able to straighten out all the kinks and get his postal affairs thoroughly regulated.

The latest reports from Hong Kong are not quite as sensational as heretofore. The situation is grave enough, but the fatality has not reached the figure reported in some of the journals, having averaged about seventy to eighty daily. The most disastrous feature presenting in this phase and location of the plague is found in the fact that some 100,000 Chinamen have fled from Hong Kong, which is the distributing center for all China, many of the runaways being presumably plague-stricken. Their being let loose over Canton and the Kwantung provinces portends a spread of the trouble.

Dr. E. B. Holmes, late of the Kansas Military Home, who has been practicing medicine for forty-eight years, forty two of this time as a Homeopath, recently opened an office for business at Leavenworth, Kansas, but finds himself longer unable to meet the requirements of the profession physically. It would seem that his long years of service fully entitle the good doctor to the quiet restfulness of retirement for the balance of his life. But old men find it very hard to go out of harness; and it is not difficult for the CENTURY to predict that Dr. Holmes will be found at work for Homeopathy and humanity as long as he may live.

In a recent special report of the inspectors of lunacy in Ireland twenty out of twenty-two medical superintendents of district asylums agreed that, in their experience, the most prevalent cause of insanity, after heredity, is alcoholism. The proportion of cases of lunacy due to the use of alcohol varied from 10 to 35 per cent of the total admissions. The reports from two asylums pointedly refer to transformed inebriate transmission. The superintendent of one district asylum says that the offspring of inebriates are liable to many neurotic diseases, and of another that cases of epileptic mania have occurred among the children of inebriates.

The method of preventive inoculation for cholera worked out by M. Haffkine in the Pasteur Institute in Paris, and applied extensively in India has been put to the test of actual experience near Calcutta. Special steps were taken to make the inoculations made in the neighborhood of Calcutta to serve as tests of the efficacy of the method in man as severely scientific as possible. A telegram in the *Times* states that one of these tests has recently been completed. Of the 200 inhabitants of a native *bustee* (hamlet), 116 were inoculated with the protective vaccine. Not long afterward, an outbreak of the disease occurred in the hamlet; ten persons were affected, none of whom had been inoculated, and seven died. All those who had been inoculated remained free.

Grand Junction, Colo., is an excellent opening for a competent Homeopathic physician. Dr. F. K. Strasser and wife, also a physician, have been located at this point for some time past and have worked up an excellent Homeopathic practice amounting to from $3,000 to $4,000 per year, but being compelled to move to Southern California for Mrs. Strasser's health they leave this field vacant. Among their patrons one is president of one of the local banks and one cashier of another bank; several merchants and prominent fruit growers are also patrons of Homeopathy at Grand Junction, and the right man, especially if his wife be also a physician, would have but little difficulty in installing himself into a remunerative practice. It is desirable that this field should be occupied soon, and Dr. Strasser will take pleasure in answering all letters of inquiry, from San Diego.

At the St. Louis Homeopathic Medical Society, June 2d, Dr. W. J. Burleigh read a paper on "Diagnosis and Therapeutics." It was discussed by Drs. Comstock, Cummings, Edmonds, Parsons, Morgan, McElwee, Richardson, Kershaw, Canfield, Burleigh and Wilcox. Dr. Comstock made an appeal for funds on behalf of the committee on the Hahnemann monument. Dr. Scott E. Parsons reported a case of gangrene of the lung, exhibiting the specimen. Dr. S. B. Parsons reported a case of compound comminuted fracture of the leg, in which he had saved the leg against the opinion of the attending physician, who thought amputation necessary. Dr. J. Martin Kershaw reported a case of an immense pus sac formation from a severe cut on the foot with an axe. Dr. S. B. Parsons reported a similar case, in which a splinter in the foot had led to a condition which endangered the patient's life for several weeks.

Glenmary Home, at Owego, New York, is reported in a very flourishing condition. The successes of the institution in caring for cases which have seemed incurable are notable. This is one instance where the prophet is not without honor in his own country, as the people round and about Owego are fully cognizant of the advantages which Glenmary presents in care and treatment for the mentally afflicted. The staff of officers of the house has lately been augmented by the election of Dr. Lewis D. Hyde to the position of first assistant. Dr. Hyde having spent his student life in the institution, is quite familiar with the routine of Glenmary. The services of Dr. Eugenia A. J. Van Namee have been secured also. Dr. Van Namee is a lady of six years practice, during which time she has made the study of the nerves a specialty and has had good opportunities for observation and for obtaining special information as to the care of the insane. Thus fortified, and still under the able management of Dr. Jno. T. Greenleaf, Glenmary enters upon a new and inevitably bright chapter of its history.

An esteemed contemporary sees "indications of a reaction against the exactions of the idealists in medical education. In a discussion at one of the sessions of the recent Congress of American Physicians and Surgeons, Dr. J. Collis Warren, of the Harvard Medical School, advocated a thorough preparatory education of the student before entering a lecture room, so that he should have the A. B. degree, requiring four years; then four years in a medical school, one year in a hospital and one abroad to finish his studies—making ten years in all. Dr. P. S. Connor, of Cincinnati, argued that it would be unjust to insist upon all students that they should first be in possession of the A. B. degree, and then possibly have to practice at some country cross-roads where the people around were unable to speak a single sentence correctly." Such injustice is very limited when compared to the sufferings of the laity who writhe under the mutilation of culture as indexed in the sayings and doings of the usual country doctor. The "noble profession" should be representative in education as well as in ethics.

The Homeopaths of St. Louis held a regular meeting at the Public Library Building last month, Dr. J. Martin Kershaw, the president, in the chair. A paper on "Appendicitis," or inflammation of the vermiform appendix, was read by Dr. C. H. McDowell, indicating the various surgical methods employed in the treatments of this grave disease. An animated discussion followed the reading of the paper, Drs. Canfield, Wilcox, Kershaw, Edmunds, Cummings, Dryden, Campbell, Block, Gibson and Comstock participating. A case of septicemia versus blood poisoning was presented by Dr. Scott Parsons, Jr. The doctor had a carefully prepared chart showing the location of the disease, and the points at which the incisions were made in the surgical treatment of the case. Dr. Canfield reported that the Fresh Air Mission physicians were ready for work and that the Homeopathic pharmacies were willing to supply the necessary medicines for the several steamboat excursions. The Committee on Prevailing Diseases reported that there was a great deal of whooping cough in the city, that there was considerable summer complaint among the children of the poor and that the physicians of the Children's Hospital. the Homeopathic College and the Good Samaritan Hospital were now busy attending the poor sick of the city.

The local committee of arrangements for the meeting of the American Institute of Homeopathy to be held at Newport, R. I., in 1895, met at Providence on the 30th of June and organized by electing Dr. J. C. Budlong as chairman and Dr. Geo. B. Peck as secretary. The leading hotels of Newport are: The Ocean House, open only during the season, whose

charge is usually $5 per day; but it will be open for the Institute meeting the last week in June, the exact date of the meeting to be determined by the executive committee later, with full corps of servants and complete bill of fare, at from $3 to $5 per day, according to accommodations furnished. It has a capacity of eight hundred or more. The Aquidnick, open the year round, was headquarters of the executive and legislative committees during the session of last May. Its prices are $4 per day and it accommodates an overflow to the extent of about two hundred or more at a rate of probably $3 per day. The Perry House at $3 per day, at the foot of State House Parade, is the headquarters for commercial travelers the entire year. It can accommodate about one hundred and fifty guests. No mention has been made of any reduction in the prices of entertainment as the members of the Institute as a rule prefer to pay full fare and receive full accommodations. Cottages along the shore of Naragansett Bay are ordinarily rented for the season and it is not likely they can be secured for a short period of time.

There are a number of private boarding places at Newport where accommodations can be had, and application made to Dr. Peck, at Providence, will receive attention promptly. It is the intention of the local committee of arrangements to prepare a list in ample season so that the members of the Institute may have all the information they may need in this particular. Applications will be filed in order received with the price, limit and character, and numbers of parties and will be replied to at convenient time. As a large proportion of the population of Newport take summer boarders and as the Institute will antedate the arrival of ordinary guests at Newport it is not apprehended that there will be any difficulty in meeting all demands in the matter of accommodations. Dr. Peck will doubtless keep this matter moving from now until the time of meeting next summer.

AMERICAN INSTITUTE ECHOES.

Dr. and Mrs. J. M. Walker, of Denver, gave a very delightful reception in honor of Dr. and Mrs. Wm. Tod Helmuth at their home on Broadway on the evening of Tuesday June 19th.

Miss Zillah McLaughlin, who attended the Denver convention in the interests of the CENTURY, was strike-struck at Kansas City and Bloomington and detained a number of days on her return journey.

Dr. T. C. Duncan, Chicago, took an active interest in the Denver meeting and was ever on the alert for what he considered the best interests of Homeopathy. Dr. Duncan is one of the foremost missionizers of the Homeopathic profession.

Dr. A. Cuvier Jones, Cañon City, Colorado, was in constant attendance upon the sessions and made himself generally helpful as a member of the general arrangement committee. His friends are legion and cover the entire country.

Dr. J. H. McClelland presided over the sessions of the Institute with great liberality and fairness. At times he was just a little easy in his rulings, but it is not believed that any one will have reason to complain that he was not given a fair chance in debate.

The roster of members and visitors is a very pleasant little souvenir of the meeting last month. It was gotten up in good shape by Dr. T. Franklin Smith and creditably reflects the wishes of Dr. Comstock, who first suggested its issuance at the Washington meeting.

The absence of Drs. F. H. Orme and J. P. Dake was very much regretted. In their counsel wisdom is always to be found and their integrity is so unquestionable that the words of wisdom which fall from their lips find ready lodgment in the minds of the members.

Treasurer Kellogg and his genial assistant, Dr. T. Franklin Smith, were always ready with receipt book in hand to gather in the shekels of the members. It is doubtful if any association in this country is better officered in its finance department than is the American Institute.

Dr. J. Wiley Anderson, president of the Denver Homeopathic Club and chairman of the local entertainment sub-committee, is a coming member. It is not difficult for those who are acquainted with his work at the Denver meeting to predict for him a bright future in Institute work.

The American Institute of Homeopathy special, consisting of eight Pullman sleepers, a dining car, a baggage car and two engines, carried one hundred and eighty people across the plains. The trip was a most delightful one in every respect and was enjoyed immensely, especially by the delegates from the east.

The retirement of Dr. Dudley from the general secretaryship will be regretted by a great many members of the Institute. He has been a faithful and an efficient officer. His successor, Dr. Porter, will doubtless fill the place with equal satisfaction and with credit to himself.

Dr. T. G. Comstock and wife of St Louis, were warmly greeted by their many friends in the profession. In the early days Dr. Comstock was especially active in Homeopathy and it is not to be wondered at that he was the choice of many of the older men for the first office in the gift of the Institute.

The Pacific coast was unusually well represented at the American Institute. There were present Drs. Ward and Boericke of San Francisco; Simpson, Keith and Pratt of San Jose; Campbell of San Bernardino; Clarke, Salisbury and Beach of Los Angeles; Macomber of Passadena; and Van Norman and Arndt of San Diego.

Dr. C. R. Mayer, of New Orleans, was one of the attendants upon the Denver convention who was caught by the railway strike and delayed in his return journeyings. He was not able to leave Chicago until the 9th inst. owing to the obstruction of travel southward. There are doubtless other unfortunates yet to be heard from.

Dr. Wilson A. Smith, of the *Medical Current*, Chicago, was the best natured and most irrepressible member in attendance. Almost always out of order he was always quite willing to get himself in order and never failed to smile sweetly even under the most adverse rulings of President McClelland. Dr. Smith made many friends at the Denver meeting.

Among those who were strike-struck at Kansas City on their return from the Denver convention we note the following: Dr J. W. Downs and family, Dr. W. W. Martin and wife, Dr. Sarah J. Millsop, Dr.

Millie J. Chapman, Miss Zillah McLaughlin, Dr. Lottie A. Cort, Dr. Jennie H. V. Baker, Dr. C. R. Mayer, and others whose names are not this moment recalled.

Dr. E. H. Pratt, of Chicago, was present in full force and vigor at Denver, and as is always the case, held the attention of those within sound of his voice while explaining and elaborating upon his orificial philosophy. Dr. Pratt is one of the ablest and most deservedly popular men in the profession today, and a greater field of usefulness than any he has yet tilled is certain to open up before him.

At the meeting of the Homeopathic editors held at Denver during the convention there were present Editors VanBaun, Porter, Fisher, Roberts, Storke, Kraft, Pierson, Dewey, Arndt, Aldrich, MacDonald, Neumeister and Marshall. Notice of the preliminary meeting was given in our issue of last month, and next year we hope to again stand forward as a permanent organization of the Homeopathic Editors' Association.

The ladies were at Denver in goodly numbers. There were Drs. Chapman, Burroughs, Baker, Brickley, Baldwin, Cunningham, Culver, Cort, Condon, Dake, Dillon, Freyermuth, Greene, Goodman, Gutherz, Hislop, Hickox, Harris, Kenyon, Millsop, Perky, Schmitz, Smith, Tucker, Von Horn, Williams, Wheelock and Wilcox. A goodly crowd of sisters these—an honor to themselves and the American Institute of Homeopathy.

The ladies of the Meissen gave a reception and musicale at the Brown Palace Hotel on a Friday afternoon last month. Already it is being whispered that the Meissen is being made an association for the display of parliamentary tactics and political methods and not a little dissatisfaction was expressed at some of the occurrences which took place within the confines of this organization. Better stick to the text, ladies, and make the Meissen purely a social body.

The Denver Committee issued a very handsome souvenir program of the Jubilee Meeting of the American Institute embossed in gold, and handsomely illustrated with Denver views. It served a most excellent purpose, giving us the programme of the Jubilee and other public meetings and receptions, and at the same time giving the stay-at-homes some excellent half tone views of Denver and vicinity. Those Denver people are energetic and enterprising.

Denver's Local Committee of Arrangements did splendid work after they settled down to the real duty of making ready for the convention. All their printed matter has shown energy, ability and good taste, and we doubt if any previous meeting has ever been so thoroughly announced. Though new to the work of entertaining a large number of their colleagues, they have shown that they are equal to all emergencies and have everlastingly won the gratitude of the profession.

Quite a large number of members of the American Institute visited Glenwood Springs soon after adjournment of the Denver meeting. Among those whom the editor of the Century met at the famous Hotel Colorado were Dr. J. H. McClelland and family, Dr. J. B. McClelland, Dr. Millie J. Chapman, Dr. Sarah J. Millsop, Dr. J. P. Cobb and family, Dr. Alonzo Boothby and family, Dr. L. A. Phillips and family, Dr. C. R. Mayer, Dr. E. H. Clarke and wife and Dr. N. G. Burnham and wife.

The Women Physicians' Proving Association convened on June 18 and elected the following officers for the ensuing year: president, Dr. Millie J. Chapman, Pittsburgh; vice-president, Dr. Julia Holmes Smith, Chicago; secretary and treasurer, Dr. Sophia Canfield, Danbury, Conn. Reports were made of a number of provings instituted during the year, showing that our women physicians are at work in many of the states to determine the action of drugs upon their sex.

The journalists present at Denver held an informal meeting and decided to organize a journalistic association at the Newport meeting. Dr. W. W. Van Baun of the *Hahnemannian Monthly* occupied the chair, and Dr. G. W. Roberts of the *North American* was chosen secretary pro tem. Dr. Storke, late of the *Medical Current*, was made chairman of a committee on plan of organization, and the chairman pro tem. was authorized to appoint three essayists to prepare papers to be read at the organizing meeting at Newport.

The editor of the Century found the names of seventeen attendants upon the Denver convention registered at the Hotel Beaumont at Ouray, Colo. Among them were Dr. A. B. Norton and wife, Dr. E. H. Porter, Dr. C. S. Hoag and wife, Dr. C. S. Middleton and wife, Dr. C. W. Butler and wife, Dr. Dr. J. W. Pratt, Dr. J. W. Roberts, Dr. J. H. Carmichael Dr. Addie Dake; Dr. Lottie A. Court, Dr. Jennie H. V. Baker and others. Several of these were also found registered at the Grand Hotel at Silverton.

Dr. and Mrs. Fisher were caught in the strike west of Salida, Colo., and were forced to pursue a circuitous route in order to reach home. They were detained in the extreme southwestern part of the silver state a number of days, and were finally carefully guarded into Denver by a detachment of United States troops and deputy sheriffs. The explanation given them was that the Denver & Rio Grande road makes special effort to take extra care of all valuables entrusted to its keeping.

P. S.—This is another one of those sub-rosa items of which the editor is supposed to know nothing.

The Chicago contingent consisted of Drs. H. C. Allen, A W. Burnside, W. H. Burt, J. P. Cobb, A. C. Cowperthwaite, A. K. Crawford, Howard Crutcher, T. C. Duncan, W. A. Dunn, N. B. Delamater, M. R. French, C. E. Fisher, H. B. Fellows, C. G. Fellows, L. C. Grosvenor, G. Blanche Greene, W. J. Hawkes, H. V. Halbert, Sheldon Leavitt, R. Ludlam, J. S. Mitchell, E. H. Pratt, H. W. Pierson, Thos. E. Roberts, H. P. Skiles, Julia Holmes Smith, S. N. Schneider, J. J. Thompson, M. T. Thompson, Mary L. Van Horn, C. A. Weirick and H. Tyler Wilcox. There were also present from Chicago the following visitors: Mrs. W. J. Abbott, Mrs. W. H. Burt, Mrs. E. P. Cobb, Mrs. J. P. Cobb, J. B. Delbridge, Mrs. W. A. Dunn, Mrs C. E. Fisher, Miss H. Frame, Mrs. L. C. Grosvenor, C. A. Hitchcock, Miss Maud Hebner Mrs. H. V. Halbert, Miss Zillah McLaughlin, Miss Netta McLaughlin, A. Parkhurst, Dr. Emogene Parkhurst, Miss Helen Page Smith, Wm. Sharp, Mrs. D. Schneider, Miss Carrie Luella Schneider, H. M. Spooner, Miss Marion Talbot, Mrs. Uri Weaver and Miss Lillian Whitely.